



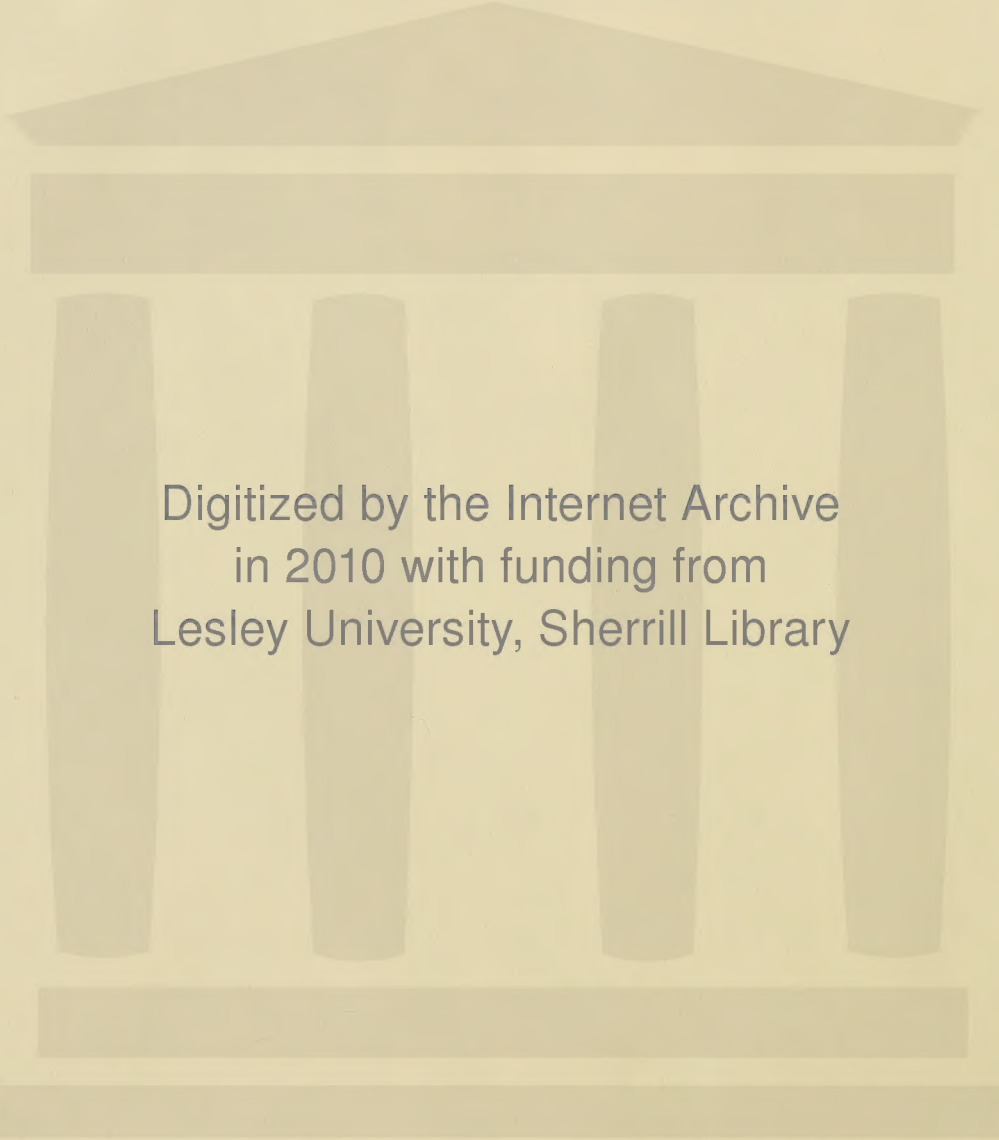




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DISSERTATION APPROVAL FORM

Including Elders' Voices:  
A Model for Gerontology Curriculum Design  
in Higher Education

A DISSERTATION

submitted by

Marilyn Rose Gelish-Gugliucci

In partial fulfillment of the requirements  
for the degree of  
Doctor of Philosophy

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## DEDICATION

This dissertation is dedicated to:

...Mom and Dad

...and the memory of “Mubala” and Papa, my maternal grandparents,

For it is through them that I have truly learned about the gifts of love and laughter that accompanies aging...

...and to elders

May they express their experiences and perspectives to assist in our learning about aging and guide the younger generations to listen with their hearts in addition to understanding with their minds.





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There are many others who have contributed to my success in numerous ways. This dissertation would not be complete if I didn't mention them.

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## ABSTRACT

Every facet of gerontology includes work related to older people; yet there is a dearth of elders' perspectives integrated into the gerontology field. In turn, much of the field and practice with older people is based on unreliable and outmoded data. This study has proposed a new model for gerontology curriculum design. The model involves elders at two levels: designing gerontology courses/programs and participating in the students' learning experiences. The proposed model was illustrated through curriculum design for the topic of "Aging in Place," but can be applied to any level of curriculum design or program development. Students can learn through direct experience with elders, or through the transcripts and voices captured during the curriculum design process. The proposed curriculum model is framed within progressive and confluent curriculum ideologies; thereby, supporting experiential learning, personal growth, integration of attitudes, feelings, emotions, and relevance.

Qualitative research methods used in this study are based in phenomenology, hermeneutics, and grounded theory. In-depth interviews were conducted with seventeen elders ranging in age from 64 to 91—nine females, eight males. Analysis of the data combined researcher examination of the data and manual coding with NUD\*IST (Non-numerical, Unstructured Data\*Indexing, Systems, and Theory building) software.

Successful integration of gerontological knowledge with elders' experiences and perspectives is paramount if students are to understand and work effectively with our older population — now and in the future. The fact of the matter is, that by the time "we" reach our old age, we will know if we have been successful educators — because our students will be the ones serving us!





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## INTRODUCTION

*Above all I learned that life is not perfect, but it does have its rewards if you listen and learn before it is too late.*

*– Edward Greenberg, 81, Chelsea, MA*

I was socialized to believe that aging was a positive occurrence. Throughout my childhood and adolescence my grandparents were regarded with respect. My memories of them focused on the love they shared and the fun they had. The changes that evolved as they “aged” were not significant enough for me to categorize them as old. For example, even though my grandfather’s hair had turned white, it happened at the age of 25 – hardly an indicator of old age. My grandparents maintained their status of role models and mentors throughout my life. When my grandfather died at the age of 72 and my grandmother at the age 79, it wasn’t old age that *got them* – they got sick. It happened to my brother when he was 6, an uncle at the age of 45, a friend at 17. Old age was not associated with death or decline.

My grandparents’ attitudes appeared to have a direct correlation with their quality of life. They had optimistic, inquisitive, and refreshing perspectives until the day they died, irrespective of their physical health. In retrospect I realized, from my memories of them, that there was much more to becoming old than chronological age. My grandparents’ model for aging included health, involvement, fun, knowledge, growth, productivity, independence, and most importantly choice. During wellness or illness their voices and choices were meaningful in our family. This is the model of aging that has motivated me to bring elder voices and perspectives to higher education gerontology



programs.

I never had the opportunity to ask my grandparents about their aging process, so I'll never know what it was like for them. What I have been able to do is read about the theories of aging that were prevalent in their time. I can't help but feel that there was a discrepancy between the lives of my grandparents and the theories of aging that were applied to them. This variance has led me to search for elders' perspectives of aging. I have done this through reading books written by older people, watching videos of older peoples' lives, and most importantly listening to older people's voices – hearing their experiences and stories. I want to know what it means to grow old from the very people who are doing it rather than from the academic opinions of textbooks.

According to Rabbi Schachter-Shalomi (1995), the author of *From Age-ing to Sage-ing*,

...contrary to conventional thinking, aging is a great success, a result of strength and survivorship. Aging doesn't mean diminishment or exile from the ranks of the living. As the period in which we harvest the fruits of a lifetime's labor, it gives us the panoramic vision from which spiritual wisdom flows.

Like mountain climbers who have scaled a high peak, we have achieved a vantage point in old age from which to observe the path of our ascent and to appreciate the personality that we have created with discipline and devotion. We can survey the struggles for career, marriage, and financial security that occupied much of our time and see why they





were all so necessary. Putting the puzzle pieces together, we can glimpse the larger patterns that crown our lives with deeper meaning. To you who stand triumphantly at the summit, I say, “You made it!” And to you who are still climbing the mountain of life’s promises, I say in all sincerity, “Keep climbing. You have so much to look forward to in aging”

(Schachter-Shalomi and Miller, 1995, p. 11).

Rabbi Schachter-Shalomi’s (1995) positive description of aging is becoming more prevalent as we advance into the 21<sup>st</sup> century. Compared with the first federal census taken in 1790 when less than 20% of the population survived from birth to 70 years old, older people of today have the opportunity to live longer and healthier lives. For example, infants born in 1992 will have a life expectancy of 76 years, and the women are expected to live seven years longer than the men (Rowe and Kahn, 1998). “While the entire population of the United States has tripled since the turn of the century, the absolute number of older persons, currently thirty-three million, has increased elevenfold” (Rowe and Kahn, 1998, p. 4). This increase in America’s elderly impacts all aspects of society, including health care, social security, the work force, social services, and education. I contend that we must be aware of how elders were viewed and treated in the past in order to gain insight and understanding to the role of older people in contemporary American society.

Transformations that older peoples’ roles have undergone through the years in our society reveals a rise and fall pattern that may be repeating itself. In primitive and ancient civilizations the rarity of older people in combination with societal needs for elders to



pass along the traditions of the culture led to esteemed treatment of older people. This later developed into a gerontocracy in early American History (1607-1820) where age was equated with power. Elders governed Church and State and acted as leaders in all duties. They often occupied high offices until they died. Old age was venerated in early America, which went beyond respect, honor, obligation, and deference to a form of worship (Fischer, 1978). However, veneration and respect were not voluntary actions, coercion was forced through economics when respect didn't come freely. Land ownership was an instrument of generational politics causing children to remain economic dependents until their parents died. Elder power and the oppression of youth led the elderly into a position of being strangers in their own society – veneration created a feeling of coldness. Elders, especially older men, had less love, less affection, and less sympathy from those younger.

The tension between the generations built up over the years to the point that repercussions resulted in a significant shift in the practice of revering age. The status of old age was steadily declining. Children began living long enough to mature as adults so they no longer needed to be dependent on their parents. There was a type of rebellion from the children causing a weakened family structure. In addition, the industrial revolution caused a shift from an agrarian society to urban development. Children began moving out on their own. A gerontophobia resulted (1770-1970), a fear of old age which was identified with being weak and vulnerable (Fischer, 1978). Due to decreasing mortality rates in children and middle-aged people, death was now being associated with people who were “old.” (Fischer, 1978). Old age developed into a social problem



throughout much of the 20 th century. Changes in attitudes toward the aged generated a 180 degree transition from the earlier gerontocracy – elder as superior, to the current gerontophobia –elder as inferior.

As we move through the 20 th century, American society is attempting to accomplish an appreciable balance of the glorification of youth and reverence, veneration, power, and fear of the aged. Instead of the elderly falling victim to the attitudes and social arrangements of past eras, there is a rethinking occurring about the aged in American Society. This period is called the Gerontophratia (1909 - to present) and is defined by Fischer (1978) as “a fraternity of age and youth... (a) brotherhood of generations...a world in which the deep eternal differences between age and youth are recognized and respected without being organized into a system of social inequality” (p. 199). During the past 60 years an elaborate system of social welfare has been enacted for elderly Americans which has been essentially successful. Our older population has more security and economic stability than at any earlier time in the twentieth century. As we continue forward we find that not only older Americans, but politicians, health and human service workers, as well as scholars are attempting to create better conditions for old age, in addition to improved relations between the young and the old (Fischer, 1978). As the pendulum swings, at one end – age oppressed youth (gerontocracy) and at the other – youth oppressed age (gerontophobia). In this current period we are working toward a synthesis of age relations in an attempt to balance the pendulum’s swing.

There is still much to do to balance the pendulum. Ageism and societal structures such as health care, social security, politics, and policies designed to address the needs of





our older society are entrenched in past paradigms. The voices of our older generations, especially middle and lower class older people, are rarely heard. The following reflection by an older man is often the common held truth:

I wondered if many people relate to others simply on the basis of their age and physical appearance. If that is true, then I believe those who do are really missing out on something, especially as they deal with older persons. If they look at the elderly and see only gray hair or wrinkly skin - if they notice nothing other than their use of walkers or canes or that they are in wheelchairs or that they can't see or hear very well- if that is the only way they see and relate to them, then unfortunately, everyone misses an enriching human encounter (Tindell, 1998, p. 39).

According to this elderly man, older people are clearly more than their physical attributes. In order for America to reach a fraternity of youth and the aged, we will need to become conscious of our out-moded habits and exercise greater understanding of our older population. It is easy to pick out older people based on external physical factors (hair color, how they walk, posture), the challenge before us is to release those stereotypes and ascertain *who* these people are and understand what their aging process means to them.

Upon reflection of our history, the question that was often answered focused on the role that the “generations” or the “times” had on the view of aging. But according to Fischer (1978), irrespective of history, the truth is that “chronological age is not an accurate measure of competence. We all grow older in different ways, and the range of difference is very great” (p. 211). Fischer (1978) contends that our aged population is



heterogeneous in nature. Many sociological theories of aging miss this point as evidenced by the void in elders' voices and experiences in the methodology of these theories. So to address the question 'what does it mean to grow old?' people who are experiencing the later stages of life are probably the most appropriate people to answer this and for us to learn from.

### Focus of Study

*In looking back on my life of 87 years, I can appreciate how many more educational opportunities are available today than when I was young. Look for diverse experiences, ask questions, listen to all people, young and old, develop a passion for reading, and always keep an open mind. I believe that education is knowledge and knowledge is power.*

*– Lillian La Rosa, 87, Wellesley, MA.*

I have developed a conceptual framework from which a multi-disciplinary gerontology curriculum for higher education can be designed. This work is rooted in the belief that the perspectives and experiences of older people hold legitimate and useful information about aging. Therefore, involvement of older adults in constructing course curriculum for higher education gerontology programs is at the core of this project. This work is grounded in the domains of:

(1) Gerontology – development of the field and concepts addressing higher education gerontology programs;

(2) Late life experiences – individual and cohort perceptions and stories from various cultural, gender, ethnic, and socioeconomic contexts;





(3) Curriculum theory and development – focussing on interdisciplinary and experiential designs;

(4) History and evolution of social gerontological theory – including the emergence of such theories in relation to the growth of the American population and its attitudes toward our elderly.

Gerontology, by Greek derivation, is the study of old people, or more aptly stated, the study of aging. Contemporary gerontology, according to Kastenbaum (1995), “includes all of the following: (1) scientific studies of processes associated with aging; (2) scientific studies of mature and aged adults; (3) studies from the perspective of the humanities (e.g., history, philosophy, literature); and, (4) applications of knowledge for the benefit of mature and aged adults” (p. 416). Every facet of gerontology includes work related to older people; yet there is a dearth of elders’ perspectives – expressions of their wisdom and experience – integrated in gerontology curriculum construction. As a matter of fact, much of the gerontology field is based on unreliable and outmoded data. Simply stated, there is a cycle being perpetuated in society whereby younger generations are misled about the role of older people. Public policy decisions affecting older people are voted on by our younger population, which has an inaccurate view of the elderly. It is only when we ourselves grow old that we experience the negative impact of ill informed public policies on elders.

I would like to challenge this perpetual cycle referred to above in four ways 1) provide an analysis of the American history of social gerontological theory; 2) illustrate the current emergence of social gerontological theory; 3) outline a curriculum design that



encourages critical thinking and andragogical practices that assists students in achieving praxis, an integration of gerontological theory and practice; and 4) provide a specific education model utilizing elders' voices and student learning. In order to begin understanding the lack of elders' voices in gerontology theory and education, a review of the historical attitudes of gerontology is a good starting point. This paper reviews the evolution of early social gerontological theory, specifically activity theory and disengagement theory. It then discusses the emergence of new gerontological theories that address meaning and includes elders' voices. The emerging gerontological theories are the gateway to gerontophratia - a fraternity of youth and age, and a merging of theory with practice.



## CHAPTER I

*History is as much a matter of consensus as is any "truth."*  
(Hendricks, 1992)

Old age is a difficult concept to describe precisely. Temporal definitions tend to define old age in relation to a certain number of birthdays one has had. Most commonly, in contemporary society, having reached the age of 65 a person is considered to be in the young-old category<sup>1</sup>. Defining age in this way is too artificial to be used as an accurate measure of "old" age (Cavan, et al., 1949). Although the possibility exists to determine when old age ends – since death, in this culture, is considered to be terminal – it is difficult to establish when old age begins. Cavan, et al. (1949) note that:

...not only is an external symbol of entrance into old age lacking, but, as a personal experience, the realization that one is old comes gradually. Unless there is a sudden onset of one of the chronic ailments associated with age, such as cerebral hemorrhage, the person slides physically and mentally, by imperceptible degrees, into old age. Many organic failings of old age develop slowly; this is true of failure of eyesight or hearing.

Other aspects of life, such as the basic drives, continue

---

<sup>1</sup>The young-old are 65-74; the old-old are 75-84; and the oldest-old are 85 years of age and older (Rieske and Holstege, 1996).





unchanged; the old person, like the young, feels the need for physical comfort, love, and status. Habit systems persist with great tenacity, as do characteristic ways of meeting frustrations, personality patterns of dominance or submission and the individual's whole array of attitudes.

As one elderly woman stated, 'I see no change in myself as I enter the period of old age; I am the same self I always was' (pp. 1-2).

From the 1950's until recently, two theories of aging dominated American understanding of the elderly – activity theory and disengagement theory. Regardless of the way a person enters old age, the development of these early gerontological theories were based on research subjects 60 years old and older for the activity approach to aging, and 50-90 years old for the disengagement theory.

## PART I

### America's Gerontological Theories

My discussion of American gerontological theories of aging begins with activity theory due to the fact that it was the first sociological study of aging. The activity theory has historically been known as an implicit theory with its first explicit statement occurring as late as 1972. Social gerontologists regard the disengagement theory as more conclusive because it was formally stated since its inception in 1960.

Activity theory and disengagement theory became "opposing grand metaphors for successful aging" (Atchley, 1995, p. 9). In the case of activity theory, in order for an old person to be perceived as a successful ager, he/she needed to maintain the vigor and



social involvement of his/her mid-life, despite the onset of old age. For disengagement theory, successful aging meant that the old person would voluntarily and gracefully disengage from the hustle and bustle of mid-life to a more serene and satisfying contemplation of life – which was not only beneficial for the old person, but also for society (Atchley, 1995).

Both theories, whether implicit or explicit, will be reviewed using the same format. This includes the premise of the theory, a review of the underlying study and methodology, and an analysis of the three stages of theory development – formulation, ascendancy, and reformulation as proposed by Hendricks (1992).

## THE ACTIVITY THEORY (1949 - 1989)

### Premise of the Activity Theory

The key to successful aging lies in the individual's motivation to stay physically and mentally active. Successful aging means the maintenance, as far and as long as possible, of the activities and attitudes of middle age. The implication is that youthful active elderly maintain a high level of adjustment and morale. There is not an appropriate pattern of behavior for being old, other than to be youthfully active (Fry, 1992).

### Methodology Applying to Activity Approach Development

Research conducted at the University of Chicago (Cavan, et al., 1949) in the late 40's and 50's presented instrumentation (questionnaires) and data that were eventually adapted to formulate the activity theory in 1972. It is for this reason that the



Cavan study is presented here as the underlying methodology for the activity theory.

Cavan, et al. (1949) postulated that the process of aging could be better understood by tracing the changes associated with aging throughout the entire period of later maturity. As a result, persons age 60 and older were chosen and divided into five year age increments (60-64; 65-69, etc.) for analysis. The data, from the Sixteenth Census of the United States, included "all" old persons 60 years of age and over. The researchers distributed questionnaires to 499 men and 759 women, also aged 60 and over, who represented a wide variety of social backgrounds (Cavan, et al, 1949). A summary of comparative characteristics for the Census group and the Cavan, et al. subjects indicated that the subjects were older, more urbanized, better educated, and contained more representation from business and professions than did the total population (Census group). In addition, of the 200 "subjects"<sup>2</sup> selected for the study group, 168 (78 male and 90 female) participated in the study. These participants were considered "healthy" or "functional," meaning they were not in a nursing home or hospital; they could care for themselves<sup>3</sup>.

---

<sup>2</sup> "Subjects" in this context, is a term common to early studies such as this one. Philosophically, I have trouble with this term because it objectifies people. The preferred term in current social research is "participant," implying that people are not objects to be studied, but rather participants who help to create meaning. For this paper, "subject" will continue to be used to accurately reflect the history of theory development.

<sup>3</sup> It is not my intent to review in detail the methodology used by Cavan, et al. A complete summary of the information and instruments can be found in Personal Adjustment in Old Age (1949).





Table 1

<b>Subject Chart - Cavan, et al. Study</b>		
<b>Ages 60 +</b>	<b>Census Group</b>	<b>Subjects</b>
<b>Number of Subjects</b>	499 Men - 759 Women	78 Men - 90 Women

According to Cavan, et al. (1949), earlier clinical studies were considered to have used less reliable measurements or simple, uncritical measures of “happiness” or “adjustment” (p. 102). The attempt in their exploratory project was to use a reliable and valid measure of adjustment. Measurement of adjustment to old age had been approached through the use of two inventories — an Adult Activities Schedule and an Attitude Inventory. Cavan and Havighurst's inventories (1949)<sup>4</sup> were “designed to measure, respectively, the degree to which a person’s attitudes express satisfaction or dissatisfaction with his life situations, and the degree of participation in daily activities common to most people” (Cavan, et al., 1949, p. 102). Each inventory had two sections: the first section included general information on health, family, friends, leisure and recreation, clubs and organizations, employment, security, religion, and past history of older person’s life; while the second part addressed the older person’s attitudes and satisfaction about such things as living, love, loneliness, happiness, as well as other aspects of everyday life.

The inventories also exhibited five criteria of general adjustment for consideration. According to Cavan, et al. (1949) these included: (1) participation in activities - the extent and degree of the person’s participation in a wide range of work,

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<sup>4</sup> These inventories can be found on pp. 149-159 in Personal Adjustment in Old Age.



religious, social, etc. activities; (2) satisfaction with activities - a person could rank a wide range of activities and then express his satisfaction or dissatisfaction over the activities; (3) happiness - the report by the person of his present state of happiness which assumed that his adjustment in different activities was directly related to the person's state of happiness; (4) absence of non-adjustive behavior - a negative measurement of personal adjustment gained by studying each case for evidence of the absence of non-adjustive behavior (i.e. aggressive conduct, marked failure to participate in social activity, irrational fears, etc); and, (5) degree of wish fulfillment - wishes were taken as the basic motivations of behavior, so their fulfillment were valuable criteria of personal adjustment. Cavan, et al. found the attitude and activities inventories, in addition to the criteria of general adjustment, to be inconclusive in predicting personal adjustment to old age based on the following methodological limitations:

(1) This study was not far reaching enough. "To provide adequate knowledge of old people in American society, a wide coverage is required which yields significant data upon all the different groups of older people in our society" (Cavan, et al., 1949, p. 143).

(2) Research is needed to address the differences in the social participation and the attitudes of old people according to variations of sex, age, and marital condition. These factors then needed to be related to the many diverse social groupings into which old people may fall.

(3) The differences of old peoples' attitudes and participation in social activities was not studied from a regional, urban/rural, cultural, nor social class



perspective (Cavan, et al., 1949).

According to Cavan, et al. (1949), the Activity Inventory gave measurements based on observable “objective” data, while the Attitude Inventory was based on essentially unobservable “subjective” data (p. 137). Cavan, et al. (1949) focused on the interrelationship between behavior and a person’s ‘self and life’ attitudes, not the quality of their relationships. The concept of behavior was limited to an interpretation of activity. For example, the quality and quantity of work (or work substitutes) was measured, rather than the quality of relationships to others and society within this behavior framework. Furthermore, it was assumed that old people would respond consistently and the number of objective sampling items were adequate. Consistent responses are highly unlikely with subjective answers and sampling items did not incite older peoples’ opinions or feelings.

In addition, the Personal Adjustment project did not take the following factors into account, (1) the variables of health, socio-economic class, age, gender, occupations, education; and (2) the quality of relationships and the role of relationships in personal adjustment were not addressed. Behavior was reduced to objective activity, rather than subjective social interaction. Cavan, et al. (1949) supported that “further work should also be done toward making the Attitude Inventory a more accurate and usable instrument through the application of recent advances in attitude and opinion measurement” (p. 136).

Even though this research was deficient, the activity approach to aging was a heuristic study that initiated inquiry about the lives and social dimensions of older





people in American Society. The beginning of sociological theorizing in gerontology was formed by this seminal work and was the impetus for future research in gerontology; such as the Kansas City Studies of Adult Life. Interestingly enough, since 1949 much of the data on aging collected by proponents of the activity theory have been obtained from “activity and attitude” inventories (Gubrium, 1973).

### Formulation of the Activity Theory

The activity approach to aging resulted from the work of Cavan, Burgess, Havighurst, and Goldhammer (1940), published in their book Personal Adjustment in Old Age. This “approach” to aging established the foundation for the activity theory.

According to Cavan, et al. (1949), the sociological criteria of old age included two types of change, which up until 1949, had not been studied or listed completely.

The two types of change along with the subsets included:

(1) Relinquishment of social relationships typical of adulthood:

- a. Retirement from full-time employment for men; relinquishment of household management for women;
- b. withdrawal from active community and organizational leadership;
- c. destruction of marital relationship through death of spouse;
- d. loss of independent household;
- e. reduction and contraction of interests and activities; and



f. loss of interest in distant goals and plans.

(2) Acceptance of social relationships typical of old age:

- a. Dependence upon others for support or for advice and for management of funds if economically independent;
- b. subordinate position to adult offspring or to social workers (for instance if on an Old Age Assistance Grant);
- c. membership in groups composed primarily of old people – inclusion of the old person in the household of a younger member of the family, in a nursing home, or in an institutional home;
- d. planning in terms of immediate goals; and
- e. transference of interest in one's own career to interest in the careers of one's children and grandchildren.

As with physical and mental changes, some of the sociological changes may never occur in individual cases. Also, in those cases where all of them arise, they do not appear at one time but may be experienced at intervals over a period of ten to twenty years (pp. 6-7).

Although the above sociological criteria considered the social structural aspects of growing old in American society, of importance to Cavan, et al. (1949) was designing the criteria which took into account the "personal adjustment"<sup>5</sup> of old age. The criteria

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<sup>5</sup> The adaptive changes in behavior in the individual in response to new situations is *personal* as differentiated from *social* adjustment. Personal adjustment to aging, or to other changes in one's self or one's environment, may be defined as the individual's restructuring of his attitudes and behavior in response to a new situation in such a way as



pertaining to personal adjustment outlined overt behavioral and psychological (attitudinal) factors associated with role change as one ages. Adjustment for the old was noted by Cavan, et al. (1949) as being particularly difficult for three main reasons. First, the aged in the United States no longer occupy the respected position characteristically held by the old in the great majority of past and contemporary societies (Simmons, 1945). Second, once they are “retired” they have no recognized function in our society. Third, older people are not provided with any sanctioned pattern of activities by which the transition from middle age to old age might be mediated, a priori that predicts a negative outcome even before death (Cavan, et al., 1949). As a result, the activity approach to aging characterized personal adjustment to old age through the lenses of personal activity and personal life satisfaction.

Cavan, et al.’s (1949) proposed five stages of personal adjustment which included:

(1) Adjustment - The first stage in the cycle is that of adjustment to the previous situation. Middle age may be considered hypothetically as a relatively stable period of adjustment. The introduction of a new situation or of a changed condition leads to the second stage. The new condition is manifest in the transition to certain evidences of old age, such as decrease of energy, failing physical powers, retirement, lower social status, or to the

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to integrate the expression of his aspirations with the expectations and demands of society. This definition stresses the fact that adjustment represents an integrated reaction of the person as a member of society to a new situation (Cavan, et al., 1949, p. 11).





very idea of old age.

(2) Stimulation or frustration – The usual response to the advent of old age is for persons to make plans for it and attempt to anticipate the adjustments necessitated by the change in situation and in expected role...If a person is not stimulated and challenged to adjust, the person feels frustrated and confused by the series of events....The person experiences the thwarting of accustomed activities and may become unadjusted.

(3) Unadjustment – Frustration typically, but not always, tends at first to increase the drive of the person to adjust to the situation....Under certain conditions, an unadjusted activity may mediate adjusted behavior. If it does not, the drive tension of the person tends to increase and result in maladjustment.

(4) Maladjustment – Maladjustment may be defined as behavior which does not completely satisfy the individual and social needs of the person, even though it may reduce his drive tensions. Examples of maladjustments in old age are imaginary ailments, alcoholism, gambling, excessive emotional reactions of worry, anxiety, fear, and guilt feelings, phobias, suicide, and mental breakdowns...these impede readjustment.

(5) Readjustment – Many old persons pass from the unadjustment to the readjustment stage without going through a period of maladjustment. ...Readjustment is mediated by one of two processes:

a) Reorientation of attitudes – Sometimes a change in attitudes is the main precondition to readjustment.



b) Adaptation of activities - Most of the readjustments in old age involve a change in attitudes and the adaptation of activities (pp. 15-16).

These theoretical stages opened the door for future studies pertaining to activity and aging.

### Ascendency of the Activity Theory

Havighurst and Albrecht (1953) made the first explicit statement concerning the importance of social role participation in positive adjustment to old age, but made no formal statement concerning the activity approach to aging or activity theory. Then in 1963, Havighurst and his colleagues at the University of Chicago (Havighurst, 1963; Havighurst, Neugarten and Tobin, 1963) put in writing what many practitioners of the day assumed – that maintaining activity was the best way to enjoy a satisfying old age. They predicted that maintaining both level and pattern of activities from middle age into old age would lead to the highest level of life satisfaction in old age. According to Havighurst, Neugarten, and Tobin (1963),

...except for the inevitable changes in biology and health, older people are the same as middle-aged people, with essentially the same psychological and social needs. In this view, the decreased social involvement that characterizes old age results from the withdrawal by society from the aging person; and the decrease in interaction proceeds against the desires of most aging men and women. The older person who



ages optimally is the person who stays active and who manages to resist the shrinking of his (or her) social world. He (or she) maintains the activities of middle age as long as possible, and then finds substitutes for those activities he (or she) is forced to relinquish - substitutes for work when (she or) he is forced to retire; substitutes for friends or loved ones whom he (or she) loses by death (p. 419).

Properties of optimal aging, according to Havighurst et al. (1963), included staying active, maintaining activities of middle age, and finding substitutes when one is forced to relinquish activities.

Rosow (1963), in his rendition of the activity theory, further developed Havighurst's concept of optimal aging with the introduction of "equilibrium." Successful aging involved growing old gracefully by gradually replacing the equilibrium system of social relations typical of mid-life with a new equilibrium system more appropriate to the interests of people approaching the end of life. Rosow (1963) argued that Americans do not want to grow old and that their "basic premise in viewing old age is that the best life is the life that changes least (p. 216). Therefore, older people who maintained maximum stability and minimum change in life pattern between late middle age and old age accomplished a "good adjustment."

At the height of its ascendancy, activity theory was built around four major concepts: activity, equilibrium, adaptation to role loss, and life satisfaction. Each of these concepts was subjective and led to confusion regarding individual definitions. For the sake of clarification, Atchley (1995) described the popular defining qualities:





(1) Activity: any form of doing. In Havighurst's original formulation of activity theory, activity was not just a level of doing but also a pattern of activity that formed the person's lifestyle.

(2) Equilibrium: activity patterns arise to meet needs. The needs of older people are no different from the needs of middle-aged people; therefore, whatever equilibrium the person has achieved in middle-age should be maintained into old age.

(3) Adaption to Role Loss: the most successful way to adapt to role loss was to find a substitute role to satisfy needs. The original formulation assumed that role substitutes should be roughly equivalent to the roles lost.

(4) Life Satisfaction: Havighurst, Neugarten, and Tobin's (1963) concept of life satisfaction was made up of five components: zest and enthusiasm, resolution and fortitude, a feeling of accomplishment, self-esteem, and optimism. This construct addressed the level of subjective well-being experienced by an individual. The Life Satisfaction Index B (Havighurst, 1963) was constructed to measure these attributes...(p. 10).

As the theory took shape in its ascendancy, it became clear that activities could change but the level of involvement remained similar and was considered to have most or all of the following characteristics:

- (1) It was work-like or instrumental, and not entirely expressive.
- (2) It was active and visible, i.e. the activity is publicly obvious.



(3) The content of the activity was stereotypically middle-class (the successful aged tend to “work at play”).

(4) Judgements of the successful aged were filled with awe.  
(Gubrium, 1973, pp. 8-9)

Activity theorists implied that an older person may “realize his success of growing old gracefully by his good work” (Gubrium, 1973, p.9). This was the activity theory’s conception of the “golden years,” leading to a work-like engagement.

The activity theory, even in its ascendancy implied “that old people who behaviorally adjust to role loss by actively substituting, carrying-on as before, or growing are content and satisfied individuals” (Gubrium, 1973, p.9). During its ascendancy, it became commonly referred to not only as the activity theory but also the “normal” or “lay” theory of aging.

### Reformulation of the Activity Theory

The activity theory was reformulated by Lemon, Bengston, and Peterson (1972). Their intent was to make the implicit nature of the activity theory formal and explicit by proving the statement that ‘activity is directly related to life satisfaction in old age’ (Lemon, et al.,1972). They contended that the implicitness of the activity theory was due to the lack of adequate theoretical formulation regarding social role participation and adjustment to old age. Lemon’s, et al. research was conducted in order to present a “formal axiomatic statement of activity theory and to test a small subset of hypotheses



derived from the theory using secondary data<sup>6</sup> " (1972, p. 511).

The sample studied was drawn from a larger population of persons who were potential "in-movers" to a retirement community located in Southern California. The sample N of 411 subjects were interviewed in their homes for 1½ hours and responded to a 200 item interview schedule.

Subjects were highly homogeneous concerning such variables as social class, marital status, religion, and race. Approximately 81% of the sample were married, 83% were middle and upper middle-class, 84% were Protestant, and 100% were Caucasian. The age distribution of the sample was as follows: 39% between 52 and 64 years of age, 46% between 65 and 75, and approximately 15% over 75 years. Seventy of the 182 males were fully retired; 52 of the 229 women were widowed (Lemon, et al., 1972, p. 516).

Table 2 presents the postulates for the activity theory:

Table 2

<b>Postulates for the Activity Theory</b>
P 1. The greater the role loss, the less the activity one is likely to engage in.
P 2. The greater the activity, the more role support one is likely to receive.
P 3. The more role support one receives, the more positive one's self concept is likely to be.
P 4. The more positive one's self-concept, the greater one's life satisfaction is likely to be.

(Adapted from Lemon, Bengston, and Peterson, 1972)

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<sup>6</sup> secondary data - not originally designed to test the theory advanced in this study.





Table 3 lists the hypotheses that were constructed to address the types of activity that were qualitatively distinguished in terms of intimacy (informal activity, formal activity, solitary activity).

Table 3

<b>Hypotheses for the Activity Theory</b>
Ho 1. Informal activity (with friends, relatives, and neighbors) is directly associated with life satisfaction.
Ho 2. Formal activity (participation in voluntary organizations) is directly associated with life satisfaction.
Ho 3. Solitary activity (leisure pursuits, maintenance of household) is directly associated with life satisfaction.
Ho 4. Informal activity (with friends, relatives, and neighbors) is more highly associated with life satisfaction than formal activity.
Ho 5. Formal activity is more highly associated with life satisfaction than is informal activity.
Ho 6. The direct association between activity types and life satisfaction among females is less pronounced among widows and more pronounced among married women.
Ho 7. The direct association between activity types and life satisfaction among males is less pronounced among retirees and more pronounced among employed men.

(Adapted from Lemon, Bengston, and Peterson, 1972)

Lemon, et al., (1972) intended, as mentioned earlier, to construct a formal axiomatic statement of activity theory. In light of the fact that various hypotheses were derived from the central theorem of the theory and were tested empirically, most of the data obtained did not support the theory. However, there were two sets of implications for activity theory that appeared to be confirmed from Lemon, Bengston, and Peterson's (1972) results. First, "participation in an informal friendship group appears to be an



important correlate of life satisfaction - but not frequency of activity" (p. 519). Second, "the data provide surprisingly little support for the implicit activity theory of aging which has served as the theoretical base for practice as well as research in gerontology for decades" (p. 519). In addition, Lemon, et al. concluded that this theory "suggests a positive relationship between social activity and life satisfaction in old age and further specifies that salient role loss is inversely related to life satisfaction" (p. 521).

Since the data lent only limited support to some of the propositions of the theory, Lemon, Bengston, and Peterson (1972) concluded that the theory needed to be both revised and enlarged, to include concepts of "personality configurations and availability of intimates (confidants), and...to test it on a broader spectrum of the aged population..." (p. 522).

## DISENGAGEMENT THEORY – 1961-1975

### Premise of the Disengagement Theory

The disengagement theory was constructed as a functional theory of aging. This theory, in part, was considered to be a conscious rebuttal to activity arguments (Cumming and Henry, 1961). The theory posits withdrawal from social involvement. Disengagement was considered to be a natural process of aging because of the elder's awareness of life drawing to a close. According to this perspective, disengagement happens gradually with death being the final disengagement. To withdraw from our roles in order to prepare for death was considered a functional necessity. Inherent to disengagement theory are: inevitability, mutual gratification for the person and society, and



disengagement that is gradual, irreversible, and universal for aging individuals.

### Kansas City Study of Adult Life

After World War II, the University of Chicago Committee on Human Development (CHD) wanted to secure knowledge about such questions as employment, health, civic participation, and the use of leisure time in order to assist older persons during the aging process (CHD, 1954). This study was formally known as the Kansas City Study of Adult Life and was formally launched in 1952. Kansas City, Missouri was chosen because at that time it was depicted as a typical American City, according to the Committee on Human Development. The focal themes of the Kansas City Studies were styles of life and successful aging. The studies took place over a span of 10 years until 1962 and received funding from the Carnegie Corporation and, eventually, the National Institute of Mental Health.

The Kansas City Study included two sets of studies and study populations referred to as Sample I and Sample II. Sample I had begun with 1,300 subjects chosen probabilistically; of these, 751 (58%) were available for an initial cross-sectional analysis. Of these 751 subjects, 420 participated in various psychological studies. These subjects were interviewed only once. The ages ranged between 40-70. Sample II began with 216 white, urban subjects ages 48-68 in the middle range of socioeconomic status. Of these 216, 178 agreed to participate. These subjects were interviewed a number of times over a seven year period, and 110 had remained available to interviewers by the end of the study (Maddox, 1995; CHD, 1954; Marshall, 1994; Achenbaum and





Bengston, 1994).

According to Orbach (1974), the Kansas City Studies centered on three major sets of issues.

(1) Analysis of the social role performance characteristics of normal adults between the ages of 40 and 70 – The main objective was to describe and analyze changes and continuities in the quality and competence of social role performance with a view to discovering any trends or variations. Given the presumed positive relation between performance and adjustment found in the earlier studies of older persons (Cavan, et al., 1949), the pattern of development through middle age was seen to be an important issue. The results indicated neither significant nor consistent age changes in competence or quality of role performance from age 49 to the mid-60's.

(2) Studies of the “inner” psychological states and characteristics of normal adults in the same age ranges – Based upon theories of biological and psychological development and hypotheses of stages of “ego development” and associated changes in affect, the major concern was to determine what kinds of changes took place and if they exhibited any age-related patterns. The results, based largely on various types of projective tests, were not fully consistent with one another. Different theoretical conceptualizations and different test measures produced two sets of results: one showed no consistent or age-related changes, the



other showed consistent, age-related changes. These latter results were interpreted as indicating an “interiorization” of ego functions and concerns: a contraction of involvement with and maintenance of interest in outer world affairs of an instrumental nature, attributed to a decrease in energy available to the ego, and a decline in the effectiveness of ego functions marked by a decrease in control and channeling of impulse and the relevance of thought to action.

(3) Studies of the process of aging viewed in its social and social-psychological aspects – These involved attempts to determine the “normal” processes of sociological, psychological, and social-psychological change in adults between the ages of 50 and 70. The scope of the analysis was extended to persons aged 70 to 90 in the course of the studies. The major focus was on the interrelationship between outer performance and inner characteristics and their impact on the individual (pp. 72-74).

The Kansas City Study of Adult Life created a theoretical impact for the field of gerontology thereby setting the stage for Cumming’s and Henry’s Disengagement Theory of Aging. According to Orbach (1974), the central concern for the Kansas City Studies was “normal” processes of aging, “using a variety of measures of adjustment and adaptation – happiness, life-satisfaction, morale, role performance – as the basic indices of normality” (p. 72).

Neugarten (1987) stated that “... a major contribution of the Kansas City Studies



has been to demonstrate not only that there is no single direction or pattern of social-psychological aging, but no single pattern of optimal aging" (p. 373). It is difficult to find meaningful indicators of the legacy of these studies; however the scope of the social gerontology field was most likely shaped by the Kansas City Studies through publication and professional socialization (Marshall, 1994, p. 768).

### Methodology of Disengagement Theory Development

The Kansas City Study of Adult Life, as mentioned previously, was foundational to the development of disengagement theory. The study began in 1952 and by the time Growing Old was published in 1961, interviews had not yet been completed. The "panel method," which originated from biological studies, was applied to develop hypotheses in sociological studies. In biological studies, there are consecutive observations of structure and form from which the process of change is inferred. In this sociological study, interviews were conducted at intervals and identical material was gathered each time, within the limits of interviewing itself. Cumming and Henry (1961) wrote:

Unfortunately, we do not know much about how often we may reasonably expect to interview people without changing or alienating them, and we do not know how frequently we can interview them and still expect to see differences. Nevertheless, even with these drawbacks, the panel method is one of the best available to us. It combines three different approaches: The respondent can be subjected to the





measurement techniques we have at hand, he can be observed while interacting with the interviewer, and he can be asked to describe his own subjective experience of the process of aging (p. 25).

Problems associated with panel research as noted by Rosenberg, et al. (1951) include: (1) a panel of people is hard to keep together; and (2) a staff capable of administering intensive interviews is hard to keep in one place for any great length of time. Cumming and Henry (1961) addressed these issues by asking respondents to recall certain periods of their lives whereby, "we may elicit from them descriptions of themselves when they were, in a sense, different people, and we may, perhaps, arouse in them a consciousness of past change" (p. 26).

Cumming and Henry (1961) conceded the lack of objective valid verification of the recalled material, but also declared that there were validity problems in the objective data they gathered. According to Cumming and Henry:

It is not by any means certain that asking a person about his life yesterday and today and his hopes for tomorrow yields material any more valid than what he recalls for us from twenty years back. On the face of it, one might imagine that we might tend to idealize the older material, but there is at least as strong a chance that we all tend to describe our current lives in terms compatible with our image of how people of our age and status should present themselves to the public. The past, which is perhaps freer from ego investment, may indeed be reported more dispassionately than the present; some respondents may



feel that they earn the right to idealize their current mode of life if they are scrupulously honest about the past. Therefore, with necessary reservations, recalled material lends itself well to comparison among groups of people (1961, p. 26).

The sample consisted of a panel of 50-70 year olds and a quasi-sample (sub-sample resembling the original sample) of 70-90 year olds. (See Table 4 for the sample comparison by socio-economic class and gender.)

Table 4

<b>Respondents</b>	<b>Upper Middle Class</b>	<b>Lower Middle Class</b>	<b>Working Class</b>	<b>Total</b>
Total Interviewed	Male/Female 37/34	Male/Female 52/58	Male/Female 49/49	279
Panel (50-70)	25/27	31/29	32/28	172
Quasi-sample (70-90)	12/7	21/29	17/21	107

(Cumming and Henry, 1961)

In general, according to Cumming and Henry (1961), the majority of the panel belonged to stable working and middle-class families; they were relatively affluent, had no chronic illnesses, and lived in small household units (p. 33).

When Growing Old was published (1961), the panel had been interviewed 5 times and the quasi-sample had been interviewed 3 times<sup>7</sup>. There was considerable attrition during the course of the study which contributed to a "serious" problem in

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<sup>7</sup> The focus for each interview can be reviewed in Growing Old, 1961, p.29-32.



interpreting the results. In addition, the people over 80 had an abridged questionnaire, because it was difficult for them to be in long interview sessions (Cumming and Henry, 1961, p.34).

How ever incomplete this study may have been, it provided the data that Cumming and Henry (1961) applied to design the disengagement theory of aging. It is important to note that this was the second study of this magnitude in social gerontology after the Cavan, et al. (1949) study.

### Formulation of the Disengagement Theory

Fall 1958 was the first preliminary statement of "A Disengagement Theory of Aging" (Cumming, Dean, and Newell, 1958). This was followed by a presentation from Henry and Cumming (1959) which focused on the idea of a distinct developmental stage of old age identified in terms of inner processes of personality and ego strength which differed qualitatively from those found in childhood, adolescence and maturity. This conception emerged from the research structure of the Kansas City Study of Adult Life (Henry and Cumming, 1959; Orbach, 1974). These "inner processes appeared to be consistent with, and a necessary accompaniment of, the more general process of disengagement" (Orbach, 1974, p. 86).

### Ascendency of the Disengagement Theory

In the summer of 1961, the first book length presentation of the disengagement theory was authored by Cumming and Henry, Growing Old: The Process of





Disengagement. Talcot Parsons, who was a Harvard professor and considered *the* luminary in the field of gerontology, stated in the introduction of Growing Old that:

This is an important book. Dr. Cumming, Dr Henry, and their associates have both given us an impressively detailed empirical study of a sample of older people and made what is probably the most serious attempt so far to put forward a general theoretical interpretation of the social and psychological nature of the aging process in American Society. It may safely be predicted that this study will serve as the most important focus of discussion of the problems on this level for some time (Cumming and Henry, 1961, p. v).

Growing Old was an important publication because it was the first full length study of an aged population that was framed in explicit theoretical terms, and it was the third community study published in book form during the early developing years of gerontology<sup>8</sup>.

Table 5 outlines the postulates of the Disengagement Theory of Aging.

Table 5

<b><u>Postulates of Disengagement Theory of Aging</u></b>
<b><u>Definition:</u></b> Disengagement is an inevitable process in which many of the relationships between an aging person and other members of society are severed, and those remaining are altered in quality.

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<sup>8</sup> Havighurst and Albrecht (1953) and Kutner, et al. (1956) preceded Cumming and Henry (1961).



### **Postulates of Disengagement Theory of Aging**

1. Although individuals differ, the expectation of death is universal, and decrement of ability is probable. Therefore a mutual severing of ties will take place between a person and others in his society.
2. Because interactions create and reaffirm norms, a reduction in the number or variety of interactions leads to an increased freedom from the control of the norms governing everyday behavior. Consequently, once begun, disengagement becomes a circular, or self-perpetuating, process.
3. Because the central role of men in American society is instrumental, and the central role of women is socio-emotional, the process of disengagement will differ between men and women.
4. The life cycle of the individual is punctuated by ego changes - for example, aging is usually accompanied by decrements in knowledge and skill. At the same time, success in an industrialized society is based on knowledge and skill, and age-grading is a mechanism used to ensure that the young are sufficiently well trained to assume authority and the old are retired before they lose skill. Disengagement in America may be initiated by either the individual because of ego changes, or by the society of organizational imperatives, or by both simultaneously.
5. When both the individual and society are ready for disengagement, completed disengagement results. When neither is ready, continuing disengagement results. When the individual is ready and society is not, a disjunction between the expectations of the individual and of the members of his social systems results, but usually engagement continues. When society is ready and the individual is not, the result of the disjunction is usually disengagement.
6. Because the abandonment of life's central roles - work for men, marriage and family for women - results in a dramatically reduced social life space, it will result in crisis and loss of morale unless different roles, appropriate to the disengaged state, are available.



### **Postulates of Disengagement Theory of Aging**

7. If the individual becomes sharply aware of the shortness of life and the scarcity of the time remaining to him, and if he perceives his life space as decreasing, and if his available ego energy is lessened, then readiness for disengagement has begun.
8. The reduction in interaction and the loss of central roles result in a shift in the quality of relationship in the remaining roles. There is a wider choice of relational rewards, and a shift from vertical solidarities to horizontal ones.
9. Disengagement is a culture-free concept, but the form it takes will always be culture-bound.

(Source: Cumming and Henry, 1961, pp. 213-218)

Disengagement theory remained in its ascendancy stage for a short period of time. As soon as the theory was formally stated it was questioned and defended. According to Cowgill (1976), “the most widely known, most influential, most discussed, both pro and con, theory of social gerontology is undoubtedly the “disengagement” theory...the theory created an immediate stir and it has been attacked and defended, and qualified ever since” (p. 377). It is not the intent of this paper to do an in depth analysis of these critiques; that in and of itself could be a dissertation! However, there were explicit and implicit issues leading to the reformulation of the disengagement theory.

### **Reformulation of the Disengagement Theory**

In 1963, Cumming re-addressed the theory of disengagement. She claimed that the original form of the theory was too simple and that it “had only enough detail to account for the main outlines of the process of growing old” (p. 377). In the process of





this critical review, she realized that she had raised more problems than she had begun to solve. In fact Cumming wrote that “the additions to the theory are untidily grafted on the original formulation without regard to whether or not they contradict it or shift its focus. The next task is to formalize the propositions and wherever possible cast them in terms that can be tested.... I have drawn attention to the theory’s need for greater rigour” (1963, p. 393).

Maddox continued the critique of the disengagement theory (1964, 1965, and 1970), from four distinct perspectives. First, he took issue with the review of evidence – panelists in the Kansas City Study and Duke investigations were relatively secure economically and in good health. He pointed out that the study generalized that social interaction decreased as a function of age among *all* or *most* elderly persons rather than characterizing results to this specific population. Disengagement theory was not culturally diverse nor inclusive of *all* older people. The research failed to address variations of sex, age, marital condition, etc., the diverse social groupings which older people may be a part of. Results from these studies were thus rendered incomplete.

Maddox’s second issue entailed inevitability and immanence – the inevitable and intrinsic nature of the apparently modal process of disengagement among the elderly is a source for debate. Even the author Henry (1963) suggested caution when using the concept of “intrinsic.” Disengagement might be a developmental process rather than an intrinsic or innate consequence of aging. In addition, the disengagement process was seriously oversimplified when it was designated as inevitable.

Successful aging was Maddox’s third issue. Cumming and Henry initially



surmised that disengagement was, in the long run, not only compatible with the maintenance of morale but was in fact a condition of successful aging. But Maddox proposed that satisfaction and morale were dependent variables and needed to be broadly tested, i.e., personality and life style alter the outcome of life satisfaction and morale.

Finally, Maddox pointed out the theory's persistent methodological problems. Sampling was biased, there was selective attrition of panelists, and comparisons between measures of central tendency and cross-sectional groupings were not used with caution. This use of cross-sectional methods was criticized by Maddox as inappropriate, and the results of analyses were portrayed as artifactual. Specific test instruments, especially the morale and activity indices, were criticized for both reliability and validity. Maddox argued that longitudinal research would be the most adequate research procedure for testing the implications of the disengagement theory.

The reformulation stage and debunking of disengagement theory by Maddox and others evoked a rebuttal from Cumming (1975). She felt there were a number of inappropriate responses to disengagement theory. "After all, it is only a theory, not a policy statement or a political platform" (Cumming, 1975, p. 187). The word disengagement, according to Cumming, was linked with such words as isolation, loneliness, marginality, and passivity. Although disengagement may be considered a form of marginality it was not intended to be inimical to high levels of activity nor to imply loneliness and isolation. Cumming believed that if they had adhered to their original question of what was the normal aging process, rather than speculating what it



should be, they would have avoided the controversy over “activity versus disengagement” (Hochschild, 1975). Disengagement was not meant to predict morale, “and findings of high or low morale among people with high or low patterns of engagement, though interesting, are essentially irrelevant” (Cumming, 1975, p. 187).

Actual reformulation of the disengagement theory evolved from the analysis of one of its foremost critics, Hochschild (1975). He addressed the disengagement theory with four questions: “(1) Did the theory pose an important question? (2) Was the theory logically constructed in a tight and consistent way? (3) Are the borders of its categories drawn in an analytically useful way? (4) What are the heuristic assumptions which determine the level of reality that is to be the domain of social gerontology? (p. 554). In an attempt to address these questions, Hochschild (1973, 1975) sketched an alternative theory for disengagement and proposed a new structural determinant. Some main assumptions of his theory included:

(1) ...that aging is a biological process, [while] disengagement is primarily [a] social process. Aging is not, but disengagement is, profoundly affected by socioeconomic conditions. Aging has to do with the individual’s passage through psycho-biological stages; disengagement has to do with individual changes in social position.

(2)...it is not aging per se which determines disengagement, but a combination of factors associated with aging (e.g., poor health, widowhood) and other factors associated with the nature of society and one’s location in it which together influence disengagement or





engagement (1975, pp. 562- 563).

Hochschild (1975) posited the following:

Disengagement is not an innate, universal and inevitable process... it is useful to think of engagement as [a] both social and a normative process... Social engagement refers to social bonds with other people in three main spheres – work, family and leisure social spheres. Normative engagement refers to the individual's active imputation of emotional importance and meaning to these various social bonds. It refers to the degree of emotional investment in and meaning attributed to various social bonds. Normative and social engagement may vary independently with age. They may be positively or inversely related to each other....The engagement of old people varies with the over-arching character of society and with the individual's particular location within it...even when a person does not work, his or her orientation to work remains crucially important influencing the character of a person's social and normative engagement in the other two principal spheres of life (p. 563).

Hochschild (1975) further attempted to address three problems inherent in the original disengagement theory. First, Cumming and Henry (1961) postulated that disengagement was a constant that varied only in form and timing. It was an inevitable part of the aging process. Hochschild countered that disengagement was a variable process rather than a constant or inevitable certainty of aging.



Secondly, Cumming and Henry's (1961) theory was plagued by variables and by inconsistencies between the independent variables (individual's age with its implied relation to death and society's stance toward disengagement) and dependent variable (disengagement). According to Hochschild (1975) sources of variation in disengagement include physiology, personality, type of initial engagement, life situation and sex role. In Hochschild's (1975) model, engagement had two aspects – a social aspect which referred to the existence of social bonds in the spheres of work, family and leisure life, and a normative aspect which referred to the meanings the individual associated to these social bonds. In this case, social and normative engagement were independently related to age and to each other.

This also addressed the third problem of the original disengagement theory. Cumming and Henry (1961) had not taken into account the meaning that the panelists attached to their work before retirement. Hochschild (1975) reduced this problem by including the normative engagement model.

There is still much to consider regarding the disengagement theory and its reformulation stage. For instance, the measurement of social and normative aging was not addressed, nor was the changing role of women. In addition, Hochschild failed to address the notion of psychological engagement. According to Hochschild (1975), "if there is one thing we can learn from disengagement theory and the subsequent research bearing on it, it is the process by which once uniform propositions are recomposed and elaborated until we find some that work empirically in the social and phenomenological worlds of old people" (p. 567).



## Summary

Social gerontology has been influenced by two distinct and competing viewpoints regarding the social behavior of old people. Activity theory and disengagement theory formed the early sociological views of aging. Activity and disengagement theorists were concerned with the amount of activity or social interaction in older people's lives and how this led to life satisfaction.

A historical review of each theory revealed a dearth of scientific procedure in the creation of each theory; however, the disengagement theory was considered more "scientific" specifically due to its relationship to the Kansas City Studies of Adult life and its explicit statement as a theory. As mentioned previously, the activity "theory" was based on an implicit body of literature about activities and morale in old age (Gubrium, 1973). Table 6 presents a summary and time line for the development of each theory.

Table 6  
Disengagement and Activity Theory Time Line

Year	Theory Focus	Researcher(s)	Nature of Work
1940	Activity Approach	Committee on Human Development - University of Chicago	A large scale investigation of social and psychological aging that acted as the precursor to not only the activity approach to aging but also the Kansas City Study of Adult Life.





Year	Theory Focus	Researcher(s)	Nature of Work
1949	Activity Approach	Cavan, Burgess, Havighurst, & Goldhammer	The activity approach to aging involved using activity and attitude inventories to focus on the interrelationship between behavior and a person's self and life attitudes. It was not formally named the activity theory at this time.
1952	Disengagement Theory	Havighurst, Henry, & Neugarten	Kansas City Study of Adult Life - first community-based research to focus attention on middle age and the changes that occur as persons move from middle age to old age. This study offered cross sectional data that led to the formulation of the disengagement theory of aging.
1961	Disengagement Theory	Cumming and Henry	This theory held that successful aging involved growing old gracefully by gradually replacing the equilibrium system of social relations typical of mid-life with a new equilibrium more appropriate to the interests of people approaching the end of life which presumed to involve a lower overall volume of social relations and a less psychological investment in the social affairs of the larger community.
1961	Disengagement Theory	Neugarten, Havighurst, & Tobin	Developed a morale measurement more appropriate to old age to further reflect on the disengagement theory



Year	Theory Focus	Researcher(s)	Nature of Work
1961	Disengagement Theory	Tobin & Neugarten	From the morale measurement, they found that disengagement was associated with less life satisfaction, which supported the activity approach to aging.
1963	Activity "Theory"	Havighurst	Havighurst laid no claim to inventing the activity theory, he did put in writing what many practitioners of the day assumed: that keeping active was the best way to enjoy a satisfying old age. He predicted that maintaining both level and pattern of activities from middle age into old age would lead to the highest level of life satisfaction in old age.
1963	Activity "Theory"	Havighurst, Neugarten, & Tobin	Early spokespersons for activity theory. Proposed 5 components to measure life satisfaction: zest and enthusiasm; resolution and fortitude, a feeling of accomplishment, self-esteem, and optimism. This construct addressed the level of subjective well-being experienced by an individual.
1963	Activity "Theory"	Havighurst	The Life Satisfaction Index B was constructed to measure the attributes listed above. This Index has been most often used as the dependent variable in formal tests of activity theory.



Year	Theory Focus	Researcher(s)	Nature of Work
1963	Activity "Theory"	Rosow	Picked up theme of equilibrium in his rendition of the activity theory, but his position was that the best course of action was to maintain the equilibrium of middle age. He believed that Americans do not want to grow old and that "good adjustment" to old age involves maximum stability and minimum change in life pattern between late middle age and old age.
1963	Activity "Theory"	Maddox	The original formulation of the activity theory assumed that role substitutes should be roughly equivalent to the roles lost. Maddox broadened the concept of substitution to include alternative activities of any kind. In effect, no longer would retirement need to lead to a search for job substitutes, according to Maddox, any alternative activity would assist life satisfaction.
1964	Disengagement Theory	Maddox	Argued for longitudinal studies to determine what accounts for lessened disengagement. He questioned if possibly social precedes psychological disengagement, and personality influences involvement.
1968	Disengagement Theory	Havighurst, Neugarten, & Tobin	Added a personality measure revealing patterns of aging that suggested continuity rather than discontinuity inherent to disengagement theory.





Year	Theory Focus	Researcher(s)	Nature of Work
1972	Activity Theory	Lemon, Bengston, & Peterson	Reformulated activity theory into an interactionist theory. Maintaining activity correlated with maintaining a socially supported self-structure that was assumed to lead to optimal life satisfaction. Activities were classified into formal, informal and solitary and assumed to be a part of life satisfaction. Their test of the theory provided little support for this reformulation.
1975	Disengagement Theory	Hochschild	Questioned whether disengagement was a historical artifact descriptive of aging in the 1950's, when older people were more likely to feel discarded because of public attitudes and policies.
1982	Activity Theory	Longino & Kart	Retested Lemon, Bengston, and Peterson's hypothesis and reported more support for the hypothesized relationships between types of activities and life satisfaction. They also added additional hypothesis.
1985	Activity Theory	Larson, Zuzanek, & Mannell	Looked at the meaning of specific activities for the individual as a significant intervening variable in the relationship between activity and life satisfaction.
1993	Activity Theory	Mannell	Probed the above issue further and found that the link between specific activities and life satisfaction was the culmination of a complex string of contingencies.

Constructed in part from: Maddox, G. L. (ed.), (1995) The Encyclopedia of Aging: A Comprehensive Resource in Gerontology and Geriatrics. Second Edition, New York: Springer Publishing, pp. 9-12 and 284.



How can we measure human potential? What does it mean to age successfully?

Both activity and disengagement theorists agreed on one thing. Life satisfaction was the best indicator of social and psychological adjustment. However, successful aging in activity theory and disengagement theory was viewed from polar perspectives. Activity theory (Havighurst, 1963; Havighurst, Neugarten and Tobin, 1963) attributed successful aging to the individual's motivation to stay physically and mentally active. Successful aging was symbolized by maintenance, as far and as long as possible, of the activities and attitudes of middle age. The implication is that the youthful active elderly maintain a high level of adjustment and morale and that there is no appropriate pattern of behavior for being old, other than to be youthfully active. In this case, activity could be viewed as a type of anti-aging intervention!

On the other hand, successful aging, according to disengagement theory, meant the acceptance of and the desire for a process of withdrawal from active life (Havighurst, 1961). Cumming and Henry (1961) proposed that starting in middle age, the mutual process of disengagement between the individual and society, with the individual both accepting and desirous of decreased interaction in old age, led to a mutual withdrawal of the elderly from society and of society from the elderly. This process of change enabled the elderly to adapt more successfully to the issues of biological and physical decline and losses in old age. After the initial period of anxiety and depression over their own disengagement, most individuals were considered to have accepted their new status as disengaged and regained a sense of tranquility and self-worth.

According to Gubrium (1973), "the differences between them stem largely from



the implicit assumption that each makes about the relationship between individual persons and collective behavior expectations" (p. 3). As mentioned earlier, there have been many arguments for and against each theory, but the bottom line is that activity theory is still being proven and disengagement theory has lost its popularity.

## PART II

### The Predicament of Past Gerontology Theories

*Science is built of facts the way a house is built of bricks; but an accumulation of facts is no more science than a pile of bricks is a house.*

*(Jules Henri Poincare – 1854-1912)*

An examination of gerontological research reveals problematic sources of concept and theory development. Times have changed since the formulation of early social theories in gerontology, yet the research and myths about aging pervade the thinking of American policy makers and health care providers. Western society values performance, productivity, effectiveness, and independence. If the elderly cannot perform and produce, they are categorized as weak. In a research report by Tornstam (1981), younger people overestimated the problem-reality of old people. The elderly didn't perceive their problems to be as negative as did the younger group. According to Love (1998), "young and middle-aged Americans worry about losing their good health and independence as they grow old, but their elders report that the reality of aging isn't so bad...." (p. 3A). It is





often times our younger population who continues to impose middle aged values on older adults or defines aging as withdrawal and decline.

According to Friedan (1993), in the past the elderly have been posed with two options. They were either expected to disengage from life in order to prepare for death or act "youthful" through remaining active or redefining another mechanism to compensate for loss of youth. As an "older woman" and a researcher of aging, Friedan (1993) wondered, "Why are we not looking at age as a new, evolving stage of human life – not merely as a decline from youth, but as an open-ended development in its own terms, which, in fact, may be uniquely ours to define?" (p. 192). Friedan asserts that public policies and the scientific parameters of gerontology have reinforced the terror of age: the weak, catastrophic, victimized face of age. Friedan set out to separate the complex issues of biological aging from aging as a pathology. Her belief in the importance of maintaining control over your own life, remaining viable, and employing open choices could lead to transformation for older people.

In Friedan's review of gerontological literature, the view of age as programmed decline could not be explained to her satisfaction. This was the first clue for Friedan that a possibility existed for a new and different kind of growth after the reproductive prime. Friedan (1993) communicated her findings as follows:

- (1) The decline in various capacities with age, which had been studied by comparing average tendencies with different age groups, has turned out not to be universal and predictable - as it would if it were biologically programmed.



(2) The progressive deterioration in both mental and physical capacities that appeared in earlier studies of cross sections of Americans at different ages disappeared when healthy people aging in their own communities, and not in institutions, began to be studied longitudinally - at fifty, sixty, sixty-five, seventy, eighty, etc.

(3) The gradual disengagement from society and decline in social activities that had been considered a “functional” and “normal” adjustment to age by gerontologists was not the pattern found among the healthy survivors in these major longitudinal studies of “normal human aging.”

(4) Activity in society of some complexity, using cognitive ability and involving choice, is evidently a crucial clue to longevity and vital aging.

(5) An accurate, realistic, active identification with one’s own aging – as opposed both to resignation to the stereotype of being “old” and denial of age changes – seems an important key to vital aging, and even longevity (1993, pp. 75-82).

Above, Friedan questions the existing quantitative scales that medical researchers and psychologists use to measure discrete functions or skills. Friedan (1993) suspects that it was possible that they missed the emergence of new qualities in age because of the incessant biological and physiological parameters applied to the aging process.

Recent researchers have begun representing the experience and meaning systems of elders themselves. Kaufman (1986) operates from the supposition that the process of growing old has been scrutinized by social scientists for the past 40 years and described



by novelists, poets, and playwrights for several thousand years before that. Yet, until the mid 1980's, not much has been written about aging by older people themselves, those who know the most about it. This creates barriers to the prospect of change in existing paradigms. Kaufman (1986) interviewed sixty Americans between the age of 70 and 97. She wanted to know how the elderly viewed themselves, viewed their lives, and what they believed to be the nature of old age. The intent of the report of her findings was to provide a platform based on relationships, attitudes, feelings, identity, and how meaning was made from challenges encountered in later life, from which others could clarify their own thoughts and prepare for later life. Past gerontological theories had not addressed the affective domain of aging, thereby eliminating elder emotions, experiences, and perspectives of the aging process.

Tornstam's (1992) seminal work, *The Quo Vadis of Gerontology*, portrays gerontology as much broader than the research that has been highly publicized. Even as times change, myths of aging still pervade our thinking causing barriers to variation and growth within the field of gerontology. As part of a Nationwide Swedish project, *The Elderly in Society*, in which Tornstam participated, a central theory of elder as resource evolved. The elderly were viewed as a resource to Swedish society rather than as a problem in that they contributed to family, the political structure, and societal organizations. This resource perspective not only exposed a number of mythical images regarding the elderly, but it also called attention to the mythical pictures within the field of gerontology.

The antithesis of the resource perspective is the ever popular misery perspective.





Tornstam (1992) proposed that this view was based on presuppositions that social scientists have absorbed from the surrounding society. This process isn't as "scientific" as once believed. Interpretation of data and the development of theories are grounded in the beliefs of the person doing the interpreting. Society and presuppositions guide scientists' work. Gerontologists have a need to categorize and systematize the reality that surrounds us. Tornstam (1992) refers to "oversimplifications" which referred to how scientists tend to interpret data by looking at the central tendencies rather than variance and heterogeneity. When variance and heterogeneity are the focus, research findings provide new ways of redefining the status quo. The problem appears to be that these "new" findings tend to be explained away when they don't conform to past findings. Some scientists say that there was an error in methods, when quite possibly there could have been an error in theory.

In years past, gerontologists have continued to base their hypotheses on negative perceptions, thereby fostering the enduring quality of the myths about aging. Tornstam (1992) believed that we must make visible the borders of the prevailing research paradigms for gerontology. He stated that the following characteristics constituted those borders:

(1) We...regard the elderly as research objects. We researchers define concepts and formulate theories, and it is the behavior of the elderly that, above all, interests us....

(2) The way we choose to define concepts and formulate theories is not in accordance with some natural order, but is only one of many possible ways. The



way we choose to define concepts and formulate theories is affected by an overflow of presuppositions from society to gerontology. This overflow is sometimes strong enough to make us cling to our theories even when our data contradict the theories.

(3) There is an overflow of mid-life values found in society at large, particularly among white Western middle-class males, which means that our choice of conceptual delineations and theories carries the (sometimes hidden) stamp of values that emphasize productivity, effectiveness, and independence. We assume that old age implies the continuity of mid-life values. Yet, these values may become less important to us as we age.

(4) The chosen points of departure lead to certain theories being predominant within gerontology rather than others. Examples of such theories are the interactionist efforts that are reflected in role theory and activity theory....

(5) We force upon the elderly our own value-dependent theories, which at the same time means that deviations from the theoretical predictions are looked upon as being abnormal, pathological, or whatever term we decide to use...in the case of gerontology the values imposed by the theories are not necessarily values held by the research objects themselves.

(6) The experiments we undertake are unwittingly manipulative in the sense that their purpose is to bring about that which we - with our (often hidden) value-dependent, theoretical points of departure - define as normal or healthy behavior (Tornstam, 1992, p. 322).



A “bursting the borders” was proposed by Tornstam (1992, p. 323) to move beyond the past concepts and paradigms within gerontology and about older people. Tornstam suggests that we should look to the elderly themselves for new hypotheses about aging. If people who are older assist in illuminating and defining the concepts and theories rather than the researchers, a “reversed gerontological paradigm” could emerge (Tornstam, 1992, p. 322). The elderly would be co-creating participants rather than research objects. An opportunity would appear to define new images for a different, more progressive reality. The focus could move from the objective world of the researcher to the conceptual world as defined by the people doing the aging. Again, the concept of “bursting the borders,” so to speak. Rather than staying with the status quo of positivist perspectives, older people themselves can assist in defining the aging process.

There is a never ending cycle of the flow from society to science and vice versa. If we don't begin “to question the holy cow that our traditional theories constitute,” gerontological theory will be at risk of becoming “petrified” (Tornstam, 1992 p. 325).

## EMERGING THEORIES

### Making Meaning

*Age is simply a number. Numbers have the meaning that we assign to them. If age were the determinant of health, all people of the same age would be exactly alike by all health standards. But we know that is not true.*

*– Norma Richardson, 72, Tucson, AZ.*

The exponential increase in aging research and theory building in the past two





decades has prompted not only a review of the state of theory, but a search for direction toward future theory building (Reker and Wong, 1988). According to Reker and Wong (1988), there has been an emerging turning point for aging individuals because there is “an increasing emphasis on the capacity of the human organism to influence the environment in significant ways, as opposed to merely reacting to it” (p. 214). This implies a need to acknowledge the heterogeneity of older people and to liberate or free older people from negative stereotypes and limiting societal roles. The heterogeneity of older people highlights the emergent issues of recognizing and encouraging elders’ voices, wisdom, and experiences in models of aging in support of making meaning of the roles older people assume in society.

Cole (1984), a cultural historian, has pointed out that the spectacular gains in longevity through scientific and technological advances have been accompanied by “widespread spiritual malaise...and confusion over the meaning and purpose of human life – particularly in old age” (p. 329). Social scientists need to move beyond a restricted traditional view of aging toward a more expansive, comprehensive personal existence perspective (Moody, 1988). It is important to the spirit and generativity of America to gain knowledge and understanding of what growing old means to the people who are experiencing it. An example of how this new interpretive perspective can be accomplished is in the “resurgence of research on the whole person through biographical studies, historical narrative, and the life span construct approach” (Reker and Wong, 1988, p. 215). These tools offer an opportunity to hear the complete story of a person’s life, with a beginning, middle and an ending. Reker and Wong (1988) suggest that



...by learning more about how other people have lived their lives, one gains some understanding of how to live one's own life. Perhaps biographies and autobiographies provide useful insights on the meanings that contribute to human existence (Reker and Wong, 1988, p. 215).

The intent, of course, is to initiate more meaningful models of "practice" in the future for older people.

Gergen (1980), reflecting on the transition the older adult population is undertaking, suggests that the major function of theory ought not to be "that of enhancing prediction and control, but as a means of rendering intelligible and communicable one's experiences of the world" (p. 32). Neugarten (1984) supports this view by calling attention to an emerging philosophy of science that is interpretive and offers a way of diversifying our means of comprehension and our methods and techniques of study. The goal of interpretive social science, according to Neugarten (1984), is "to explicate contexts and thereby to achieve new insights and new understandings" (p. 292).

The term "interpretive science" (Rabinow and Sullivan, 1979) was developed within the last three decades by a number of investigators in the fields of psychology and sociology. Analogous terms include: symbolic interactionism, phenomenology, or humanistic science. These terms share two common premises. First, humans are regarded as conscious, active, purposive, self-reflecting organisms capable of symbolization and symbol manipulation. This infers that people can *represent* the environment, not just respond to it (Kelly, 1955). A part of this involves self



constructions, which are real to the people who construct them. Such perceptions may not always represent consensual reality, but they are real to the person perceiving them.

As Reker and Wong (1988) state,

...the ability of humans to represent their experience symbolically has given them the power to transcend time boundaries of past, present, and future: to reminisce; to anticipate; to give meaning to existence. As a result, the individual has acquired tremendous flexibility in the interpretation of all life events (p. 219).

Second, the objects and events in a person's life have more personal meaning attached to them than do the physical attributes of the natural world (Reker and Wong, 1988). "The meaning that things have for human beings are central in their own right. To ignore the meaning of the things toward which people act is seen as falsifying the behavior under study" (Blumer, 1969, p. 3).

Meaning is derived from interactions and one's interpretations of these interactions. According to Reker and Wong (1988):

...the term *meaning* has broad implications. It includes the value that individuals place upon the events and flow of life. Meaning also embraces the connotations and denotations of what is conveyed when individuals speak of their lives and the significance they attach to their existence (p. 217).

Personal meanings constitute a reality that is self-evident to both the individual





and others who share the same reality of everyday life and with whom one communicates and interacts (Berger and Luckmann, 1966). This multi-dimensional construct has the following related components: cognitive – making sense of one's experiences in life; motivational – the value system constructed by each individual that guides living and what goals we pursue, which is determined by our needs, beliefs, and societal norms; and affective – feelings of satisfaction and fulfillment to the pursuer accompany the realization of personal meaning (Reker and Wong, 1988).

In the positivist world of traditional science, the physical world tends to be the only reality which can be quantified. For example, traditional theories of aging created an image of aging based on younger persons' concepts of pathology. Older people were compartmentalized in the positivist world. Interpretive science, however, is not limited to only one reality – the physical world. In fact, it acknowledges the existence of several realities. The symbolic realities of meanings, feelings, images, experiences and knowing are in some ways more important than physical reality "because symbols have a much more direct and pervasive influence on human behavior" (Reker & Wong, 1988, p 217).

Old age is not just the sum of the parts of one's past, it is life as one has lived it and continues to live it. Older people dynamically integrate a wide range of experience to construct a current and viable identity (Kaufman, 1986). Friedan (1993) supports Kaufman's findings and believes that exploring the mystery and the meaning of life is one's ultimate quest to achieve wholeness and an integration within the self.

Kaufman's work explores the process by which individuals integrate and accept



the diverse experiences of a lifetime through sharing their personal reflections. She concluded that elders don't comprehend themselves as a linear sequence. They also do not think of themselves as purely "socialized" beings, learning and then acting out a set of socially appropriate rules of behavior; nor is their identity merely the sum of the parts of their lives. The key, according to Kaufman, is integration. This, she found, is the heart of the creative, symbolic process of self-formulation in late life (Kaufman, 1986). Age doesn't need to imply a passive decline and disengagement. Being old is not a central feature of the self, nor is it a source of meaning in and of itself. Older people do not relate to aging or chronological age as a category of experience or meaning. They know who they are and what matters to them now. They have an identity that maintains continuity despite the physical and social changes that come with old age.

#### Elders' Voices: A Mode of Generativity

*Don't ever stop asking "why?" You ask, "How did you get to be so old?" Now that is a good question. I think the reason is I have always wanted to learn why things are the way they are. So, please, keep right on asking, "Why?" If you don't you'll never ever know.*

*– Louis G. Haas, 88, Cornish Flat, N.H.*

Interpretive social science is finding that when older people speak of their lives and experiences, a new meaning of aging comes forward. By describing their own lives, older people are affecting the political, economic and social systems within our society. As elders are supported to explore the meaning of their lives and construct their reality,



and as they share this learning with others, they will create a richer opportunity for generativity among the middle aged and youth of our society. "The very lack of rigidly proscribed roles, or forced "retirement" from those rigidly separate sex roles of our youth and the parenting years, can make possible a new kind of wholeness in the third age" (Friedan, 1993, p. 614).

Friedan (1993) modified Erikson's definition of generativity. According to Friedan, generativity is the stage of life when one is older and where "freedom" has been achieved – the freedom to feel, express, and be yourself. The result, is "a new wholeness previewing in the serious or the seemingly irrelevant efforts of our late years [that creates] new dimensions of life for the next generation" (Friedan, 1993, p.613).

Friedan (1993) states:

It's as if we need to break out of the very rubrics of our previous thinking about both love and work, which have always been defined *separately* by Freud and our psychological and spiritual counselors....

It's as if, both personally and politically, we have to move beyond concepts of love hinged to the childhood fantasies, traumas, and sexual obsessions of which we have seemed to be helpless victims, beyond the endless wrestling with that passive sexual victimhood for women, beyond that brutal machismo so bruising to men, beyond concepts of work based on the industrial technology of society's youth, to a new wholeness approach.... 'Life review' and 'spiritual eldering' enables one





to *affirm it all*, one's life as a branching tree...which releases...the generativity that can truly flow from the wholeness of age (pp. 613-614).

Generativity results from elders using their wisdom to reconcile unrelenting differences that are consuming and wasting human resources (Friedan, 1993). It's a new kind of consciousness raising, an evolutionary leap into a new age to help each other move on new uncharted paths. Friedan (1993) asserts that there are no role models for the men and women who are moving into the uncharted territories of old age. "We have to tell each other *the way it really is, growing older*, and help each other name the possibilities we hardly recognize or dare to put a name to when we sense them in ourselves" (Friedan, 1993, p. 620). Friedan believes that the current social and economic structures deny opportunities for new possibilities for older people and that achievements beyond these factors take real strength and a compelling drive to generativity. There is an onus on older people to assist in effecting change, as well as a responsibility for the people who study the aged to break through the mystique of age and find ways, outside the mainstream, to express the wholeness of aged persons in society (Friedan, 1993). Friedan believes there are people, in their work and love, who can do this and thereby "express a generativity that, as much as any truly revolutionary artistic creation or scientific discovery, may preview" new values and directions for a future generation (1993, p. 614).

A key for a new order of generativity is for older people to share their stories and experiences. This will assist the evolution and survival of our aging society. As noted by Kaufman (1986), much adult-development theory conceives of the life course



as a trajectory: a person “rises” and develops by gaining knowledge, skills, roles, power, and self-esteem, then “declines” by losing some or all of these attributes. However, the older people she interviewed didn’t exhibit this rise and decline continuum; instead they had much to offer and, therefore, challenged adult development theory. By sharing their stories, older people empower themselves as well as play a significant role in the lives of other people as teachers. Kaufman (1986) regarded all of her informants as teachers.

Generativity is sustained by the insights of older people and integration of themselves as they age. According to Friedan (1993), we must seek the empowerment of age, “new roles for people over sixty, seventy, and eighty in work and business, public and private sectors, church, synagogue, and the volunteer cutting edge of the community,” help solve the problems of our whole aging society through the use of their wisdom (p. 630).

Central to the theory of generativity is the act of older people claiming their voice. They can not be generative while passively reacting to their surroundings. Rather, they need to actively participate in their environment, creating their social reality and sense of self. This can be accomplished as they engage in community life, and interpret and evaluate the meaning of their interactions with others (Kaufman, 1986). Elder voice is a significant aspect of emerging social gerontological theories from two perspectives: how older people live their lives; and how older people participate in creation of knowledge about themselves. These are the perspectives that will be integrated into the construction of gerontology curriculum.



## Gerotranscendence

*At age 87, I still do it all (in moderation), except that last year I started rollerblading instead of ice skating (rollerblading has a longer season than ice skating)!*

*– John Henry, 87, Wantagh, NY.*

Myths of aging have an enduring quality. Take health as an example, contrary to widely expressed stereotypes, older people are not always sick or unhealthy. In fact, only 5% of the elderly over 65 years of age are in long term care settings. The older population is better educated, has more money, continues working or volunteering, chooses to be active, and has better health than ever before in American history. The stereotypes are inaccurate for the majority of the elderly population, yet the stereotypes remain and continue to set the standards for perceptions about the elderly. Even our oldest-old are challenging the stereotypes our society has place on them. Emergent theories in gerontology are defying these stereotypes and giving credence to self-defined as well as societal roles for older adults.

Gerotranscendence, as proposed by Tornstam (1992), a critical gerontologist, is the phenomenon of the elderly rising above or going beyond imposed societal limits. The theory of gerotranscendence describes developmental changes in how older people define their existence. According to Tornstam (1997),

...the gerotranscendent individual typically experiences a new understanding of fundamental existential questions – often a feeling of cosmic communion with the spirit of the universe, a redefinition of time, space, life, and death, and a redefinition of the self and relationships to





others. The individual becomes, for example, less self-occupied and, at the same time, more selective in the choice of social and other activities.

There is an increased feeling of affinity with past generations and a decreased interest in superfluous social interaction. Positive solitude becomes more important (p. 118).

Gerotranscendence has reinforced the tenet of the “reversed gerontological paradigm” (Tornstam, 1992), which gives power to the elderly rather than to middle-aged researchers to define the concepts and theories of aging. Older people now challenge traditional assumptions about aging and, in the process, transform myths to new paradigms representative of emancipatory aging. More and more elders’ are realizing and valuing their ability to develop self-empowerment, they are feeling a freedom to speak in our society. If Western society continues to value performance and older people do not fulfill this expectation, one should question who established this value. With the rise of gerotranscendence, older people are opting for other ways to declare their essence.

Often times the “older generation” is viewed as being indifferent, as if turning 65 somehow wipes out any distinction between the experiences of one generation of older people and the next cohort. “Yet, will the elderly of 2025 – who grew up in an age of affluence, fought in Vietnam, and spent midlife in an era of “downsizing” – really be the same as today’s elderly – who grew up in the Great Depression, fought in World War II, and retired in a time of relative security?” (Morgan, 1998, p. 7). The younger society makes the elderly behave the way they want them to. Limiting theories and beliefs are imposed on older people without consideration for the heterogeneity of the older



population within American and other societies. It is important to remember that definitions of aging and how society views old age are socially constructed phenomena.

Langer (1989) states that “the way we behave in any situation has a lot to do with the context. Many of the contexts that affect us most deeply are learned in childhood” (p. 56). Operating from the assumption that this statement is true, think of the implications and importance of messages instituted through past gerontological theory. “Context depends on who we are today, who we were yesterday, and from which view we see things” (Langer, 1989, p. 36). It is necessary to engage older people, as well as younger generations, in transforming the traditional paradigms and messages associated with aging and replace these with messages of empowerment, engagement, and connection. This transformation of the context of aging, will change the pedagogy of gerontology.

Gerotranscendence reflects a praxis orientation toward aging. Freire (1993) states that “human activity is theory and practice; it is reflection and action. It cannot...be reduced to either verbalism or activism...but rather with praxis...reflection and action directed at the structure to be transformed” (p. 107). The “structure to be transformed,” in this case, refers to the impending stereotypes from early sociological theories of aging.

Although we have increased the length of our life span, we have not channeled equal energy into defining the nature of these added years or creating positive roles. There has been a deficit of reflection and action in response to the added years themselves and our knowledge of how best to spend them (Kaufman, 1986). The involvement of older people in changing old age related paradigms is essential. Freire (1970) supports this premise with the following statement:



If true commitment to the people, involving the transformation of the reality by which they are oppressed, requires a theory of transforming action, this theory cannot fail to assign the people a fundamental role in the transformation process.... It is absolutely essential that the oppressed participate in the revolutionary process with an increasingly critical awareness of their role as 'Subjects' of the transformation (pp. 107-108).

A transformation process from aging as decline, disengagement, and isolation to aging as empowerment, engagement, and inclusion will occur as older people play a fundamental role in redefining paradigms. Older persons' awareness or mindfulness of the importance of their role in this transformative process can challenge the paradigm of aging they learned as they were growing up.

There is a shared responsibility between our society and older people to move this agenda. As Moody (1988) puts it, "adults, especially older people, already have a lifetime of experience that is rich with meaning if only we could unlock its hidden potential" (p. 33). Older people voicing their experiences and perspectives will give rise to the gerotranscendence movement. We as a society must listen and learn from those who have gone before us in order to find a link across the generations. In time, mindfulness and awareness of our older populations' potential will prevail and new gerontological theories will result.





### Emergent Theories of Social Gerontology

The rapid increase in the older population in recent years has encouraged greater attention to understanding the social aspects of aging. This makes for an exciting period in the sociology of aging, in large part because of the increasing interest in theory development. Theoretically speaking, the study of aging may be coming of age (Passuth and Bengston, 1988, p. 350).

In the relatively short history of gerontology as a distinctive scientific field, there has been tremendous effort in the area of theory building. Theory building was generated by the desire to understand and explain socially based processes associated with age and aging (Bengston, et al., 1995).

Webster's Dictionary (1991) defines theory as: “ (1) a coherent group of general propositions used as principles of explanation for a class of phenomena; (2) a proposed explanation whose status is still conjecture; and, (3) a socially constructed phenomenon” (p. 1384). Theory denotes suppositions rather than fact. Knowledge and discovery, critical components of theory development, are variable and subject to interpretation which in and of itself makes it a social construction subject to interpretation. In addition, facts are context dependent. They may appear finite and objective measures from scientific or empirical studies, but social construction of facts allows room for theories to change. The relativity of knowledge and experience will always spur controversy and change in our theories. According to Hendricks (1992):

Theorizing involves the imposition of an intentional, arbitrary template





over reality in an effort to bring greater clarity. In that process it perpetuates the view that theory itself is factual and therefore not easily discounted. It furnishes the boundaries for what we know. Like any perceptual ‘eyeglasses,’ theory does not readily recognize contradictory evidence. And like any particular point of view, a theoretical orientation tends to become a habit of mind, one we feel is natural, helpful and appropriate for the task at hand (p. 92).

Theories may vary in scope and level of analysis and may assist us in understanding certain phenomena, however, theories are always prey to challenges and therefore tend not to be finite. This is the good news!

Early theories in sociological gerontology have paved the way for further research. In past decades, gerontologists either focused on why aging happened (biological/positivist view) or on the individual lives of people who were aging or aged (sociological/relativist view). The theories of sociological gerontology have done exactly what they are supposed to do, “provide explanatory frameworks for making sense of aging. What they have not done is result in any final judgements about what evidence or explanation is most appropriate” (Hendricks, 1992, p. 93).

Early sociological theories of gerontology were explanatory frameworks for understanding the older American population. What was once true about aging can certainly be challenged now due to the transformations in society – politics, economics, technology, science, and spirituality. Through emerging theories in gerontology we can set a new precedent of how to view aging. If this is true then “by appreciating the role of



theory, we can become more self-conscious in our ways of looking at the world, more systematic in our inquiries and hopefully more insightful in our explanations” (Hendricks, 1992, p. xx).

Since the late 1980’s, theories in social gerontology have demonstrated signs of transformation from a positivist paradigm (early gerontology) to social interpretive (emergent gerontology) perspectives. Positivist research, the traditional method of discovery, employs a theory building process involving four stages: (1) observation and description of data; (2) classification of observed data into categories reflecting similarities and differences; (3) explanation of the differences observed; and (4) prediction. An additional step eventually emerged which included a fifth stage, intervention (Achenbaum and Bengston, 1994; Bengston, et al., 1997, p. S74). According to Bengston, et al. (1997):

This is a cybernetic<sup>9</sup> process involving informational feedback, whereby hypotheses defined on the basis of previous findings and theory are judged by current empirical results, and where researchers are continually looking for confirming or contradictory evidence by which to refine or dismiss theory (p. S74).

A positivist approach such as this limits the occasion to look beyond the box and interpret findings outside the lines of convention. The antithesis of the positivist paradigm is the social interpretive model.

The social interpretive approach to theory building emphasizes understanding and

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<sup>9</sup> to imply a comparative study of organic control and communication systems.



meaning in theoretical quests. Reker and Wong (1988) outline four significant ways that interpretive science departs from traditional science:

- (1) Certain laws are considered self-evident truths - they cannot be contradicted by data, and their truthfulness or verity rests on common human experiences;
- (2) Empirical laws can be studied in qualitative terms or typologies;
- (3) Empirical laws can include relationships between classes of phenomenological events;
- (4) Empirical laws can be idiographical. If we can establish the patterns and relationships of various classes of events pertaining to one individual, then we have discovered the empirical laws that govern the behavior and psychological reactions of this particular individual....

When many similar cases are observed, ideographic laws have the potential to become nomothetic laws (pp. 218-219).

True to the tradition begun by Glaser and Strauss (1987), the interpretive approach should be devoid of foregoing assumptions. Observations are made, and qualitative data are collected. This method of research leads to the emergence of themes and developing patterns which generate explanations or theories. Facts in interpretive science:

...include phenomenological experiences that can be communicated in terms of symbols, images, and feelings, and their existence does not necessarily depend on the use of operational definitions. As long as subjective experiences are communicated in a way that can be understood





by others, they have the status of empirical facts...In short, the interpretive science perspective broadens the scope of experiences and events.... (Reker and Wong, 1988, p. 218).

Common human experiences, qualitative methods, phenomenological approaches to events, behavior and reactions of older individuals are critical in accurately representing the process of growing old. This approach leads to new research questions and ways to interpret and understand the social world.

At this point, the demographics of aging in the United States are painting a picture of continued growth of the older population leading to change in our social world. Currently, men who reach the age of 65 can anticipate another 15 years of life, and women can anticipate almost 19 future years. The increased life expectancy has resulted in dramatic increases in the number of "old-old" people: the fastest growing age cohort is people 85 and older. Those in this most vulnerable age cohort increased from slightly less than a million persons in 1960 to more than 3 million in 1990. The number could easily double by 2020 and could exceed 12 million by 2040 (Hickey, et al., 1994).

As the population ages and social interpretive models of research become more widely accepted, the influence of older peoples' experiences will broaden. In fact, emergent theories demonstrate support of social interpretive research in gerontology which validates older peoples' testimonies as self-evident truths that cannot be contradicted by positivist data (Reker and Wong, 1988). The testimonies of older adults are the foundation of social interpretive research in gerontology. The data for emerging social gerontological theory building will be older peoples' common human experiences.



### Generations of Theories

Bengston, et al. (1997) have constructed a framework that charts the three generations of gerontological theories. The first generation theories, published between the years of 1949 and 1969, were derived from positivist research methods. These theories included activity and disengagement theories, modernization theory and subculture theory. Activity and disengagement theories received the most attention with disengagement theory (Cumming and Henry, 1961) being the most explicitly developed. Both theories have failed to gain support as emerging theories in gerontology. Disengagement theory was discounted a few years following its introduction. Researchers have speculated that the disengagement theory “attempted to explain both macro- and micro-level changes with one grand theory, and the data cited in support of this explanation were simply not sufficient to support its claims” (Bengston, et al., 1997, p. S76). Activity theory has failed to be supported through the use of traditional positivist models.

The second generation theories came into being from 1970 to 1985. These theories were either built on the first set of theories, rejected the first set of theories, and/or emerged from older and more basic sociological traditions (Hendricks, 1992). For example, the continuity theory is considered a second generation theory that rejected activity and disengagement theories. However, similar to activity theory, continuity theory emerged from symbolic interactionism<sup>10</sup>. In 1968, Maddox proposed the concept

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<sup>10</sup> George Herbert Mead’s (1934) book, *Mind, Self, and Society*, presented the most comprehensive formulation of the social interactionist theory. Components of the theory include: (1) symbols, a stimulus that has a learned meaning and value for people and



of continuity (persistence was part of the life continuum) from his work with the Duke Geriatrics project. Then in 1971, Atchley formulated and developed the continuity theory of aging<sup>11</sup>. While second generation theories were in a process of transition, other theories were being developed which came to be known as the third generation theories. These tend to be linked to qualitative research methods and are interpretive in nature, in contrast to first generation theories which were positivistic.

In addition to generations, Bengston, et al. (1997) categorized theories as either microsocial, macrosocial, or micro-macrosocial. Microsocial-level theories focus on the individual and his/her social interactions; macrosocial-level theories examine social structures or structural elements as they influence experiences and behaviors (Bengston, et al., 1997). Micro-macrosocial theories bridge the two levels.

As a review, a brief outline of the fifteen theories<sup>12</sup> of social gerontology have been arranged by generation and sociological level in Table 7.

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man's response to a symbol is in terms of its meaning and value; (2) meaning, refers to the way in which people actually use a term in their behavior; and, (3) value, which is the learned attraction or repulsion they feel toward the meaning (Rose, 1962, p. 5). Two general propositions of the theory include: (1) through the learning of a culture (and subcultures, which are the specialized cultures found in particular segments of society), men are able to predict each others' behavior most of the time and gauge their own behavior to the predicted behavior of others; and, (2) the individual defines (has a meaning for) himself as well as other objects, actions, and characteristics (Rose, 1962, pp. 9-11).

<sup>11</sup> This theory is developed further at a later point in this paper.

<sup>12</sup> Of the sixteen theories listed some are perspectives, paradigms, or models rather than formal theories. Life course, age stratification, and political economy of aging are in the non-theory class.





Table 7  
Generations of Theories in Social Gerontology

Intellectual Origins	First Generation Theories	Second Generation Theories	Third Generation Theories
<b><u>Micro-Level:</u></b>			
Symbolic Interactionism	Activity Theory	Continuity Theory ----- Social Breakdown/ Labeling	
Hermeneutics			Social Constructionist
Economic Rationalism		Exchange Theory	Social Exchange Theory
<b><u>Micro-Macro-Level:</u></b>			
Structural Functionalism	Disengagement Theory ----- Modernization Theory		Life Course
Developmental Psychology Theories		Age Stratification	Age Stratification
Symbolic Interactionism	Subculture Theory		Feminist Theories of Aging
Marxism			Feminist Theories of Aging
<b><u>Macro-Level:</u></b>			
Economic Rationalism		Political Economy	Political Economy of Aging
Marxism		Political Economy	Political Economy of Aging
Hermeneutics/ Postmodernism			Critical Gerontology

(Adapted from Bengtson et al., 1997 - The Generation of Theories in Social Gerontology)





### Micro-Level Gerontological Theories

(1) Continuity Theory (Atchley, 1989, 1993): the aging process is based on the entire life course of individuals. Aging persons use past experiences as a primary adaptive strategy for dealing with changes associated with normal aging.

(2) Social Breakdown Theory (Kuypers and Bengston, 1973): changes in roles and norms in later life and the lack of appropriate reference groups result in the susceptibility of older persons to social breakdown.

(3) Exchange Theory: developed in the 1970's, analyzed changes in primary relationships, the strengths and weaknesses of social support networks, family interaction, status decline, and those aspects of interaction built upon the ability of older persons to impose their will and desires upon their environment.

(4) Social Constructionist Theories (Neugarten, 1985): emphasize an interest in understanding and explaining individual processes of aging as influenced by social definitions and social structures. Key concepts of social construction theories of aging include: social meaning, social realities, social relations, attitudes toward aging and the aged, life events, and timing.

(5) Social Exchange Theory: takes into account social and financial exchanges, the structure of exchanges, and the patterns of these exchanges under varying conditions, especially as these related to intergenerational transfers (Bengston and Dowd, 1981). Applied to aging, social exchange theory attempts to account for exchange behavior between individuals of different ages as a result of the shift in roles, skills, and resources that accompanies advancing age (Hendricks, 1995).



### Micro-Macro-Level Gerontological Theories

(1) Modernization Theory (Cowgill, 1974): how individuals and societies respond and adapt to processes of demographic, political, economic, and social changes and in the process are transformed.

(2) Subculture Theory (Rosow, 1967): old age is culturally defined as so negative that older persons do not want to identify themselves as old. They develop and maintain a subculture to insulate themselves from status losses.

(3) Life Course (Dannefer, 1984; Bengtson and Allen, 1993): tries to focus on the (a) dynamic contextual, and processual<sup>13</sup> nature of aging; (b) age-related transitions and life trajectories; (c) how aging is related to social contexts, cultural meanings, and social-structural location; and (d) how time, period, and cohort shape the aging process for individuals.

(4) Age Stratification (Riley, Foner, & Waring, 1988): is the role of social structures in the process of individual aging and the stratification by age in the society. The three main components of this paradigm include (a) studying the movement of age cohorts across time in order to identify similarities and differences between them; (b) examining the asynchrony between structural and individual change over time; and (c) exploring the interdependence of age cohorts and social structures .

(5) Feminist Theories: represent a group of theories and perspectives advocating gender as a primary consideration in attempts to understand aging and the aged. The criticism of feminist theories is that they are too broad and unfocused to represent a single

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<sup>13</sup> Referring to the process of life.



theoretical tradition. According to Bengtson, et al. (1997), they are partisan. Feminist research in aging has ignored the gender component of aging for men.

### Macro-Level Gerontological Theories

(1) Political Economy Theories (Estes, et al., 1984): attempt to explain the status of the elderly, the influence of social structure forces on the elderly, and social construction of aging as a public or collective issue. The premise is that old age cannot be examined in isolation from other issues or problems raised by the larger social order, most particularly in the context of economic class.

(2) Critical Gerontology: for the older person, emphasizes self-reflexivity and emancipatory knowledge (Moody 1988). Older peoples' voices and experiences are major components of critical gerontology. For gerontologists, a critical gerontological conviction will lead to challenging or opposing "prevailing theories, methods, and orientation of contemporary gerontology" (Moody, 1995, p. 244), in order to bridge the gap between theory, experience, and practice. This formulation, according to critical gerontologists, suggests far-reaching applications for health and human service providers who work with older people.

Third generation theories offer opportunities for change from elder as object to elder as participant, due to the constructivists nature of these theories. Social construction and critical gerontology have their origins in interpretive hermeneutics; critical gerontology also acknowledges the subjective domain of postmodernism; and continuity theory as well as feminist theories have symbols, values, and meaning of





symbolic interactionism. It is difficult to imagine that one theory could encompass the aging process. Gerontology is a multi-disciplinary field, and older adults are heterogeneous in nature. Because “aging as applied to human existence is inherently multidimensional...people age as biological beings, social beings, psychological beings, even as spiritual beings...no single theory of aging is likely to take account of all of these levels” (Moody, 1988, p. 20). However, gerontologists continue their efforts to answer the question – What is it like to grow old? The people who are experiencing old age may be the most qualified to speak to this question.

### Continuity Theory and Critical Gerontology

The theories that are foundational to this study are: (1) continuity theory as reformulated in 1994; and (2) critical gerontology, which is the premise of emergent theories of contemporary gerontology. Both continuity theory and critical gerontology are constructivist and experiential. They include subjective and affective qualities of aging incorporating the symbols, values, meaning and interpretation necessary to define what it means to grow old.

In the following sections, a review of continuity theory, which started as a positivist theory, will be presented through the stages or generations of theory development outlined by Mullins (1973) and Hendricks (1992) – formulation, ascendancy and reformulation. I will then discuss the origins and summarize the tenets of critical gerontology, as a model of aging.



## CONTINUITY THEORY

### Premise of the Continuity Theory

Continuity theory is essentially the third social-psychological theory of adaptation in old age. It emerged from the skepticism of theorists and practitioners regarding activity and disengagement theories. The intent was to consider the entire life course when addressing the processes of aging. Continuity theory proposes that the aging person continues to maintain typical ways of adapting to the environment in order to maintain psychological continuity as well as the outward continuity of social behavior and circumstances (Neugarten, Havighurst, and Tobin, 1968). Aging persons are believed to use past experiences as a primary adaptive strategy for dealing with changes associated with normal<sup>14</sup> aging (Atchley, 1989). Continuity theory rested on data collected by the Duke Longitudinal Studies.

### Duke Longitudinal Studies

The Duke Longitudinal studies were initiated in 1955 with 271 persons aged 60 to 90. The subjects were selected from a pool of volunteers living in Durham, North Carolina. Each panelist was brought to the Duke Medical Center for a two (2) day series of medical, psychiatric, psychological, and social examinations. These examinations were conducted every three to four years until 1965. The purpose of the study was to investigate normal aging - healthy aging and typical aging. The panelists were relatively healthy, in that most were non-institutionalized. They tended to demonstrate high social,

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<sup>14</sup> Normal aging implies “typical” aging. Within the three cohorts of older people, the trends of psychological, sociological, and physiological elements on the majority in each cohort are determinants for the term normal.



psychological and physical health - an elite (unimpaired) set of older people.

By the time information was being formulated regarding persistence as a factor in older people, the number of Duke panelists declined to 148 non-institutionalized subjects who had been under observation for seven years.

### Formulation of the Continuity Theory

Maddox (1968) initially raised the concept of continuity based on his work with the Duke Geriatrics Project. He found that in prior analyses of behavioral and attitudinal phenomena among the elderly, change rather than persistence was more often the focus. As a result, Maddox began to develop the concept that persistence was part of the life continuum. This led to a shift away from activity theory toward a speculation that continuity may apply to the lives of older people. This approach was later supported with concepts of continuity developed by Atchley (1971); Fox (1981-82), and Morgan (1976).

Maddox believed that both theoretical and methodological considerations suggested “the relevance of studying persistence as well as change in the patterns of behavior and attitudes among the elderly longitudinally” (1968, p. 181). Until 1968, research in the United States consistently supported the notion that a sense of life satisfaction was a condition of maintaining contact with the social environment. Of course the exception to this was the disengagement theory of aging developed by Cumming and Henry (1961), which directly opposed the above assumption that maintenance with the social environment led to a sense of life satisfaction. However, it was suggested within the disengagement theory that the “disengaged state is most likely





to be observed primarily among the very old whose declining health reduces their capacity to play any social roles successfully and among those for whom disengagement is a life style antedating old age” (Maddox, 1968, p. 181).

Although Duke panelists demonstrated that activity, on the average, does tend to decrease with age, Maddox (1963) posited that this must be interpreted in relation to an individuals’s own baseline. Quite possibly they were always disengaged from society. According to Maddox “gradual decrease in activity through time for an elderly person with a history of active contact with his environment when, even with the experienced decrease he is relatively more active than his peers, must be distinguished from more consequential modifications in activity” (1968, p. 182). Maddox concluded that the Duke Longitudinal Study reinforced the hypothesis of the importance of assessing persistence in individual lifestyles which reflected differences in the degree of contact with the environment and the relevance of the contact for maintenance of life satisfaction. The foundation of persistence across the life span was further developed by Atchley (1971) which eventually led to a formalized statement of continuity theory.

### Ascendency of Continuity Theory

During the formulation of continuity theory, the continuity concept was vague. Atchley (1989) noted various alternative opinions of continuity (Atchley, 1971; Fox, 1981-82; Morgan, 1976). Initially, continuity was perceived as remaining the same, to be uniform, homogeneous, unchanging, and even boring. But, Atchley vigorously challenged these views of continuity. Atchley (1989) wrote the explicit theory of continuity and





regarded it as a social-psychological theory of continuous adult development. The theory stated that feedback systems and imagery were employed to create a view of adults as dynamic, self-aware entities who use patterns of thought created over their lifetimes to describe, analyze, evaluate, decide, act, pursue goals, and interpret input and feedback. The conscious being who interprets the input also creates the resulting personal constructs, including personal constructions of the life course, life events, life stages, age norms, and age grading.

Continuity theory held the view that adults “employ concepts from their past to conceive of their future and structure their choices in response to the changes brought about by normal aging” (Atchley, 1989, p. 183). According to Atchley (1989), “the goal of continuity theory is to abstract the essence of what continuity means and through concepts and relationships to reconstruct in summary from the underlying logic of continuity as an adaptive strategy” (p. 184).

A central premise of the continuity theory, according to Atchley (1989), is that “in making adaptive choices, middle-aged and older adults attempt to preserve and maintain existing *internal and external structures* and they prefer to accomplish this objective by using continuity (i.e., applying familiar strategies in familiar arenas of life)” (p. 183). These internal and external structures are dynamic concepts associated with the aging process. Internal continuity represents the “individual in relation to a remembered inner structure, such as the persistence of a psychic structure of ideas, temperament, affect, experiences, preferences, dispositions, and skills. Internal continuity requires memory” (Atchley, 1989, p. 184). External continuity is regarded as the remembered structure of



physical and social environments, role relationships, and activities. Perceptions of external continuity result from being and doing in familiar environments, practicing familiar skills, and interacting with familiar people...(it is) the persistence of a structure of relationships and overt behaviors (Atchley, 1989, p. 185).

Table 8 outlines the assumptions of internal and external continuity.

Table 8  
Assumptions of Internal and External Continuity

Internal	External
1. Internal continuity acts as a foundation for effective day-to-day decision making.	1. External continuity raises the expectation that people will present themselves in a way that is obviously tied to and connected with their past role performances.
2. Internal continuity is an important part of individual mastery and competence.	2. External continuity of relationships is motivated by desire for predictable social support.
3. Internal continuity is essential to a sense of ego integrity.	3. External continuity increases the possibility that feedback received from others about the self-concept can be accurately anticipated.
4. Internal continuity helps meet the needs for self-esteem.	4. External continuity is seen as an important means of coping with physical and mental changes that may accompany aging.
5. Internal continuity provides an effective means of meeting important needs. (e.g., Internal continuity promotes easy maintenance of social interaction and social support. A person's identity, self, and temperament are predictable.)	5. External continuity reduces the ambiguity of personal goals that can come with changes such as widowhood, retirement, or the empty nest.

(Atchley, 1989, pp. 185-186)

Continuity is, by and large, a theory of adaptation. The application of past



experiences is a primary adaptive strategy for dealing with changes associated with normal aging (Atchley, 1989). Individuals begin the adaptation process based on their own perceptions of what is occurring as well as in response to pressures from the social environment. As a result, older persons incorporate *both* internal and external continuity structures and adaptive strategies that “are supported by both individual preference and social sanctions” (Atchley, 1989, p. 183).

Atchley (1989) believed that interpreting continuity in a new fashion - by looking at the strengths of the old ways of coping and adapting those to the current situation - can offer a compromise to change. Kaufman (1986) found in her study, that this can be accomplished with links between specific lifelong values and preferences on the one hand and the specific choices available to her/him in the current situation on the other. As a result, a person has the choice of adapting skills (s)he has acquired in the past to a current situation.

According to Atchley (1989), continuity and change are integral to the normal aging process. Continuity represents the adaptation of previously acquired skills and that “change builds upon and has links to the person’s past,” implying that “continuity theory has enormous potential as a general theory of adaptation to individual aging” (Atchley, 1989, p. 183).

Atchley (1989) stated that the theory needed refining, testing, and elaboration. It was Atchley’s intent to provide an array of ideas that others would use as a spring board for further exploration leading to reformulation of the theory.





### Reformulation of Continuity Theory

Continuity theory remains a social-psychological theory of continuous adult development. The ultimate goal of continuity theory is to explain why most adults show considerable consistency in their patterns of thought, behavior, and relationships as they move through the later stages of life, often in the face of substantial external changes such as widowhood or physical disability. According to Atchley (1995), “although social processes, such as socialization and social control, have input to the person’s internal system, the conscious being who interprets the input also creates the resulting personal constructs, including personal constructions of the life course, life events, life stages, age norms, and age grading” (p. 227). Atchley (1995) also states that:

The latest rendition of the theory makes several theoretical assumptions:

Individuals invest themselves in the internal and external frameworks of their lives which allows individuals to accommodate a considerable amount of evolutionary change without experiencing crisis. Change is assessed in relation to themes of continuity. People are motivated to use continuity of past patterns as their first choice in setting goals and adapting to change because the personal systems they have spent their lifetimes developing seem to offer the highest probability for successfully constructing their future. To the extent that a continuity strategy for making plans and coping with change is reinforced by experience, continuity becomes an increasingly strong first choice. Choice of continuity may also be an unconscious path of least resistance (p. 228).



In addition to the earlier defined elements of internal and external continuity, goal setting and maintaining adaptive capacity have been added. All four elements are now referred to as constructs of continuity theory.

Atchley (1994) and Kelly and Wescott (1991) provided the empirical testing for continuity theory. Atchley (1994) found that continuity theory doesn't necessarily imply positive outcomes for aging individuals. Those with low self esteem, abusive relationships, and poor social adaptation maintain their internal and external structures, even if it leads to the possibility of a miserable future. Eventually, if these structures are not changed, negative feedback loops will occur which can produce disorder. On the other hand, those with healthy intact self esteem, who maintain positive relationships and positive social involvement, will tend to produce positive feedback loops which lead to the production of positive change. This is not to say that continuity theory is deterministic. It will not predict the course of social or psychological development at any stage of life. However, it does point "to the common social-psychological structures and processes that underlie the setting and seeking of goals as well as response to change" (Atchley, 1995, p. 228). The heart of continuity theory, according to Atchley (1995), "is the presumption that people are motivated to continue to use the adaptive apparatuses they have constructed throughout adulthood to diagnose situations, chart future courses, and adapt to change" (p. 229).

Comprehensive evaluations and refinements of the theory remain to be made. Most studies have focussed on objective continuity (ideas, behavior, and relationships are assumed to result from choices on the individual's part). Studies addressing the subjective



and motivational aspects of continuity are much needed (Atchley, 1995). This entails the individual's perceptions of the relative amount of continuity and change over time, as well as the extent to which individuals express a preference for continuity as a strategy for planning, making decisions, or adapting to change (Atchley, 1995). Research results generally suggest that subjective continuity tends to be both a goal and an outcome for most aging individuals and that objective continuity of ideas, behavior, and relationships are the most prevalent outcomes amongst aging individuals over time. However, research to date has not been specifically designed to address continuity theory. Data have not been extracted and applied to this theory, thereby making conclusions premature. Longitudinal studies are necessary for this theory to be tested (Atchley, 1995).

The origin of continuity theory in symbolic interactionism is reflected in the assumption expressed by Rose (1961) "that man never forgets anything. But his memory is not simply a retention of discrete 'old' items; there is an *integration* of newly acquired meanings and values with existing ones, a continuing modification" (pp. 16-17). Subjective continuity creates opportunity for interpretation and meaning. It is not rigid; there is choice. Adults are viewed as dynamic, self-aware entities who use patterns of thought created over their lifetimes to describe, analyze, evaluate, decide, act, pursue goals, and interpret input and feedback.

Certainly, this theory deals with the individuality and heterogeneity of older people which is the antithesis of earlier theories. It correlates with critical gerontology in that there is evidence of choice and personal construction for adaptation and change. Again, this is a view in direct opposition to elder as object.





## CRITICAL GERONTOLOGY

### Premise of Critical Gerontology

“Critical Gerontology is an approach to the study of aging inspired by the tradition of critical theory associated with Adorno, Horkheimer, Marcuse, and more recently, Jurgen Habermas” (Moody, 1993, p. xv). It denotes a wide range of ideas that seeks to challenge or oppose prevailing theories, methods, and orientation of contemporary gerontology. “Above all, critical gerontology is concerned with the problem of emancipation of older people from all forms of domination...[it] is concerned with identifying possibilities for emancipatory social change, including positive ideals for the last stage of life” (Moody, 1993, p. xv). The ideal of critical gerontology is to construct theories of aging that contain “self-reflexive rules for their construction, interpretation, and application to the life-world” (Moody, 1988, p. 33).

### Formulation

A group of thinkers originally associated with the Frankfurt School, T. Adorno, M. Horkheimer, and H. Marcuse, were inspired by aspects of Marxism to develop a far-reaching intellectual critique of contemporary society. Horkheimer (1972) made the distinction between “traditional theory” and “critical theory” back in 1937. Traditional theory corresponded to the unreflective elaboration of the empirical-analytical sciences. Critical theory, according to Horkheimer (1972), originated in Marx’s critique of political economy and was grounded in values and human interests that would otherwise be





concealed under traditional theory (Roderick, 1986; Moody, 1988). The development of critical theory continued with the work of Habermas, who is most recently associated with this theory. Habermas favored human values, an approach based on communication and social interaction. His connection to social science and human values closely relates to the social science and advocacy within the field of gerontology. However, his writings in critical theory were abstract and do not directly apply to the subject of aging.

Habermas, along with the other critical theorists, laid the foundation from which critical gerontology could find its beginning. The underlying values and interests in critical theory were of emancipation of people from domination. The evolution of this focus in the field of aging led to a radical gerontology in the mid 1970's and a critical gerontology in the late 1980's.

### Tenets of Critical Gerontology

Moody (1988) saw two issues in gerontology that needed to be addressed: (1) the status and contribution of the humanities to studies of aging; and, (2) the impoverishment of theory in social gerontology. He argued "that these two problems are closely related and indeed that without a more humanistic and self-reflexive approach to social gerontology, empirical work is likely to remain fragmented, while social theory...will be limited by lack of self-criticism and broader historical understanding" (Moody, 1988, p. 19).

There are four distinct ways of defining critical gerontology:

(1) An application of perspectives drawn from the humanities (philosophy,



history, literature) in opposition to prevailing scientific approaches to aging (Moody, 1988);

(2) A version of cultural studies applied to human aging (Laborsky, 1993) – an outlook increasingly visible in fields such as anthropology, literary theory, ethnic studies, and women's studies;

(3) A critique of the positivist paradigm (Tornstam, 1992) and, more broadly, a critique of objectivity in favor of interpretation or social construction (Baars, 1991) closely allied with phenomenology and hermeneutics; and,

(4) A broader movement of insurgent voices impatient with all forms of hegemony (Cole, 1993). In this respect, critical gerontology shows an affinity with the left-wing political economy perspective that has its own body of literature in gerontology (Minkler & Estes, 1991).

Each of these views seeks to challenge or oppose prevailing theories, methods, and orientation of contemporary gerontology (Moody, 1995). They also have in common values of emancipatory aging and the desire to dissolve dominance.

Critical gerontology affects the following areas of gerontological research:

#### (1) Theory and Practice:

To theorists, practitioners and the elderly themselves, there appears to be a growing sense of the gap between theory and practice. Norms of society and actual practice vary at many levels including social policy and health care. Critical gerontology can be used as a basis for bridging the gap between theory and experience while creating far reaching education for service providers in health and social welfare systems (Moody,



1995);

## (2) Gerontology and Ideology Critique:

Critical theory is a form of ideological critique applied to knowledge and professional practice in aging. It implies recognition of covert interests that have shaped intellectual traditions including the field of gerontology. Self-reflectiveness and self criticism are important factors for gerontology, which can contribute to the well-being of older people in the future (Moody, 1995);

## (3) Methodology and Philosophy of Science:

Critical gerontology looks beyond the current methodology used to this point to establish theories in the field. It asks deeper questions about the methodology used to construct existing gerontological theories and the purpose these theories serve(d). According to Moody (1995) it attaches meaning, from the elder perspective, to what is being studied; and

## (4) Qualitative Methods in Research:

Qualitative research and interpretive social science applied in the aging arena recover the human voice, the lived experience of old age, making available emancipatory perspectives of what it means to grow old. It moves the elderly from the status of “objects” (susceptible to instrumental control) to the position of participants (requesting to use their voice and wanting to apply meaning). Gerontologists who employ this stance support older adults to be free and to reshape the institutional practices in pursuit of this ideal (Moody 1995).

Critical gerontology moves the field of gerontology beyond the technical and data





analytic concerns employed in the early decades and assists in developing “critical insights into the habituated modes of gerontological thought and practice” (Laborsky & Sankar, 1993, p. 443). It will assist the maturing and future planning of gerontology along with developing further understanding of what it really means to grow old. According to Moody (1988):

...the fundamental categories of time, narrative, and development finally represent not separate or discrete categories but successive moments of our own self-consciousness of what it means to grow old – to move through time, to have a personal history, to disclose unsuspected possibilities for self-development in the future. Instead of old age as an ‘object’ of study, the process of aging becomes constitutive of who-I-am at every point in the life course: a being rooted in history but open to my own future as part of an uncompleted narrative whose further unfolding depends on my own actions (p. 37).

Critical gerontology opens the door for progress within the field of gerontology in three ways (1) through critical reflection on theory and practice; (2) through the relationship between discursive knowledge and lived experience; and, (3) through the emancipation of older people that supports them in finding their voice.

### Impact on Gerontology Education

*Always remember that we get old outside but inside we have the same feelings, hopes, and beliefs as we did when we were young.*

– Alice M. Powell, 82, Kent, WA.



“While it is no longer worthwhile to attempt a grand, all-encompassing ‘theory of aging,’ as it once was the goal in the 1950’s and 1960’s, we now have multiple theories representing various aspects of the aging process that provide different lenses through which to view and explain phenomena of aging” (Bengston, Burgess, and Parrott, 1997, p. S72). According to Bengston, et al. (1995), theory building in the next decades will pursue cross-disciplinary approaches in the interpretation and explanation of the processes of individual and population aging. Interpretive research methods will be accepted more readily and a combination of micro- and macro-level structures will be considered. Marshall (1996) speaks to the linkages between micro- and macro-levels of society, highlighting a particular focus on the interpretive dimensions of aging. He speculates that this linkage will lead to the goal of “understanding the relationships between the individual and the social structure” (Marshall, 1996, p. 934).

Popular phrases such as “an aging society,” “the graying of America,” and “the demographic imperative,” reflect the changing age structure and demographics of America’s population. The following facts give rise to the need for educational programs in gerontology:

- (1) Since 1900, the percentage of Americans 65+ has more than tripled (4.1% in 1900 to 12.8% in 1996), and the number has increased nearly eleven times (from 3.1 million to 33.9 million);
- (2) In 1996, persons reaching age 65 had an average life expectancy of an additional 17.2 years (19.2 years for females and 15.5 years for males);
- (3) The older population will continue to grow in the future. This growth will



slow somewhat during the 1990's because of the relatively small number of babies born during the Great Depression of the 1930's. The most rapid increase is expected between the years 2010 and 2030 when the "baby boom" generation reaches age 65; and

(4) By 2030, there will be about 70 million older persons, more than twice the number in 1996. People 65+ are projected to represent 13% of population in the year 2000 but will be 20% by 2030 (AOA, 1997).

These demographic changes indicate the current and future needs for any one working with or serving older people (practitioners as well as future policy makers) to be educated in gerontology/geriatrics. Although the classic curriculum model for health professions universities may include a focus on *geriatrics* (the branch of medicine that deals with aged persons), only five percent (5%) of the elderly, aged 65 and older, are "institutionalized." Ninety-five percent (95%) of the elderly population are continuing to remain active and independent. The implications are that people who are trained in *gerontology* (study of the processes of aging) will be in tremendous demand. Service and care providers will require continuing education programs designed to update their knowledge and skills and increase their ability to work effectively with older people in a variety of environments.

Table 9 outlines the impact that demographic changes, for the older cohort, has had on the development of educational programs in gerontology over the years. Gerontology has emerged as one response to the challenges of the changing age structure of our society.





Table 9  
History of Gerontological Education

Time	Phenomenon	Characterization
Early 1930's	Positivist research	A small group of clinicians and biologists undertook research on aging using animal models as well as humans. Later joined by a small group of sociologists and psychologists, early research led to less than successful efforts to understand the behavioral, psychological, and physiological changes as part of aging.
Mid 1930's	Social Security Act	Social welfare activists were concerned with social and economic problems of old people and how growing old altered social relationships. The solutions they sought contributed to the enactment of the Social Security Act and the emergence of community programs.
Mid 1940's	Gerontological Society of America (GSA) and educational training	The clinicians, biologists, sociologists, psychologists, social welfare activists, and others joined to organize the GSA, a multi-scientific organization dedicated to aging research and the expansion of gerontological research and pre- and post-doctoral training in universities
Late 1940's	Development of university aging centers, institutes or councils.	Several universities created centers, institutes, or councils to coordinate aging research (and some training), which took place under traditional disciplinary and departmental auspices. As a result of federal guidelines soliciting proposals for establishing academic gerontology programs center/institute/council patterns were adopted and adapted by other colleges and universities. This is when visibility began for gerontological activities.
1950's and early 1960's	Training begins to emerge in institutions of higher education	The adaptation that colleges and universities made who had adopted the center/institute/council of aging models included further development of training in gerontology. As a result, curricula growth for the social and health professions had begun; but ever so slowly.





Time	Phenomenon	Characterization
1965	Older American's Act (OAA)	As a result of the OAA, a rapid expansion in the planning and delivery of social services developed. The "Aging Network" was led at the federal level by the Administration on Aging (AOA). The creation of State Units on Aging, Area Agencies on Aging, and existing and new local agencies, both for-profit and not-for-profit, completed the network.
1965	Medicare and Medicaid (Social Security Act-SSA)	Medicare and Medicaid improved access to health services and led to their rapid expansion. The expansion of social and health services greatly increased the need for large numbers of academically trained persons to staff these services.
Late 1960's	Authorization of university-based programs	One title of the OAA supported university-based programs to provide training for personnel who would plan, administer, and deliver services to older people. Emphasis was given to programs oriented to aging in such areas as social work, public administration, recreation, housing management and long-term care facility administration. Graduate programs (master degrees) in gerontology were instituted to address the "train the trainers" model. This was an adaptation from the earlier emphasis of the doctoral programs.
Early 1970's	Development of the Association for Gerontology in Higher Education (AGHE)	Representatives of approximately 40 programs organized AGHE. Originally affiliated with the GSA, AGHE subsequently incorporated as a separate organization with the purpose of advancing gerontology as a field of study in higher education, with membership based upon institutional and programmatic rather than individual affiliation.



Time	Phenomenon	Characterization
Mid 1970's	Undergraduate gerontology programs begin	Most of the personnel needs in the expanding aging services sector could not and did not need people with master's or doctoral level training. Many of these programs were started because of the interest and leadership of a single faculty member on campus. The AOA broadened some financial support to include undergraduate programs and made a special effort to support a small number of historically black colleges.
1980's	Expansion of gerontology programs	More institutions established gerontology centers or departments, while others have established a sub-unit of gerontology within an existing department or school. In addition to doctoral and master degrees, baccalaureate degrees, certificates, minors, and transcript notations were among the credentials created from gerontology programs. Professional associations began to develop standards for gerontology programs.
1990's	Expansion of gerontology programs	In 1992, a total of 1,639 campuses provided some form of credit gerontology instruction, with 692 schools offering organized educational programs in gerontology, geriatrics, or aging studies. Also, multiple gerontology programs are scattered among different departments and schools implying the growing recognition of need for gerontological content in several curricula and increasing faculty interest in aging.
Future Trends	Social change in American Society	The prediction is that academic gerontology will rise, not only because of the demographics of our aging society and the increased needs of our elders; but also because of the historic relationship between higher education and social change in American society. The aging of American society and the challenges it presents are indisputable facts to which all of our social institutions must adapt. The question for higher education is not whether it can afford to meet the challenges of an aging society, but how soon and how well it will respond.

(Adapted from Friedsam and Seltzer, 1994, pp. 25-30)





Within Table 9, employment, economics, and health care are correlated with higher education gerontology programs. According to Friedsam and Seltzer (1994), there are a series of challenges and opportunities that an aging society poses for higher education:

(1) There is a challenge to produce well-trained researchers and teachers in the professions and in the biological, social, and behavioral sciences who can add to and transmit knowledge about aging to students and others;

(2) Higher education's second challenge is to provide students enrolled in professional and paraprofessional curricula with an understanding of the extent to which their careers will involve serving older people and to equip them with the special knowledge and skills that providing those services will require. This implies the addition and integration of gerontological content into curricula, along with opportunities for "hands on" experiences in working with older people;

(3) The third challenge is developing continuing education programs for professionals and paraprofessionals. Those with careers in aging, whether in research, teaching, or service, require periodic renewal;

(4) Higher education's fourth challenge is to provide a range of educational opportunities for older adults.... Although the importance of retraining is emphasized in discussions of the future of older workers in the labor force, the extent to which higher education will be involved is





uncertain;

(5) The fifth challenge may be the most important and the most difficult to achieve: how to provide **all** students with an understanding of the implications of an aging society and of what it means to grow old (pp. 22-24).

The paradigm shift from the misery perspective of aging to the resource model of aging (Gerotranscendence), offers an engaging opportunity for the role of older people in education, especially in addressing the fifth challenge listed above. One thing is certain, as the older population increases, the culture of the elderly will become even more critical in educating the general population regarding old age (Friedsam and Seltzer, 1994).

Freire's (1991) view on teaching democratic praxis offers a metaphor for gerontological praxis and supports emancipatory aging. Freire states: "...first of all, it is necessary for us to have clear in our minds that we cannot teach democracy unless we have an intimate relationship with democracy" (Speech given at University of Southern California, 1991). Consider that the "relationship with democracy" demonstrates the importance of having knowledge of democracy conveyed from a place of meaning, knowing, and understanding. Knowledge is integrated with the self in a comprehensive way rather than just through cognition. The implication is that it is more meaningful to have a psychological, physical, cognitive, and intimate relationship – a lived experience – with "democracy" in order to teach democracy. To apply this to gerontology education, think of the intimate relationship – lived experience – older people have with the aging process. Therefore, the experiences of aging conveyed from elders' perspectives is



essential in teaching/learning about the aging process.

Hein (1975), through his concept of *praxis orientation*, supports the importance of practice in education. He states that both humanistic and open education movements are praxis oriented. "They get their strength and, to a large extent, their definition from the best practice, from what actually occurs, rather than from academic research, controlled situations, or theory" (p. 33). Hein illustrates how the sole determinant for classroom activity should not be the teacher, nor should the development of gerontological theory be solely left to the researchers. An analysis of aging shows the importance of incorporating elders' perspectives in order to, as Tornstam (1992) stated "burst the borders" of the prevailing paradigms in gerontology (p. 323). Moody (1988) supports this position, "if older people learn for themselves how to recover knowledge from their own life experiences, then they become both teachers and learners at the same time" (p. 32). Emergent theories in social gerontology have the opportunity to include elders' voices and experiences in the creation of "knowledge" about aging so that we may respond more appropriately to an aging America. As we arrive in the 21st century, a mutual relationship between older people and gerontology curricula development will support these emerging theories and the convention of praxis orientation in our schools.

Emergent theories of gerontology are focussing on the process of aging in contrast to the early theories which were grand in scope and focused on structure. Qualitative research methodologies will be highly regarded and more widely accepted. The approach will be interdisciplinary and will incorporate micro-macro factors. The insights will be cross-disciplinary which will help illuminate aging while generating new insights about



the aging process. As for education, in order to respond proactively to the inherent demographic issues in an aging America, integration of emerging social gerontological theories challenges past paradigms. As theory shapes the social construction of knowledge, it also shapes those who create knowledge, who influence practitioners and policy makers.

As the field of gerontology emerges and new paradigms are accepted and implemented, elders' views and views constructed about later life by younger people can be increasingly corroborated through direct experiences. In effect, gerontologists have an opportunity through education, training, and research to champion the elder perspective and assist in the process of initiating change not only in education but in society as well.



## CHAPTER II

### An Ideology for Gerontology Curriculum

This chapter will review curriculum ideologies that are congruent with critical gerontology and form the foundation for constructing the proposed curriculum model. In addition, after introducing concept definitions for this paper, the imperative for a new model will be discussed, along with specific ideologies, including their application to the proposed model.

Simply stated, I perceive my role as an educational gerontologist to be a facilitator of gerontology education transformation. Transforming conventional approaches of teaching gerontology theory and stimulating learning through elders' life knowledge about 'what it means to grow old.' I view aging as dynamic and personal, therefore facilitating learning about aging should be dynamic and personal as well. My goal is to integrate theory, experience and practice through reflection and action – praxis. I envision this integration to inspire faculty (in this case, myself), elders', and students.

For the purposes of this paper, references to *gerontological knowledge, theory,* and/or *textbook learning* represents the defining terms and explicit formal knowledge associated with the field of gerontology. *Experience* applies to expressing feelings or emotions in relation to life experiences and situations. It connotes gaining practical knowledge or wisdom through what one has encountered or undergone. *Praxis* is the application of theory through the integration of reflection (reflexivity) and action (practice). *Praxis*, thus, includes textbook knowledge and experiential learning integrated





through reflexivity and practice. Gerontology curriculum design resulting from this approach integrates theory with practice, broadens the resources and perspectives for gerontology education, and makes “real” for students the experiences of elders’ lives.

### The Imperative for a New Model

Studies reviewing attitudes toward older people (Tuckman and Lorge, 1953; Kastenbaum and Durkee, 1964; Hickey and Kalish, 1968; Hendricks and Hendricks, 1979) have documented the negative attitudes of the United States population toward elderly people. At the University of Maryland, College Park a survey was conducted to investigate students’ perspectives on growing old. According to Davis (1988):

Americans have a deeply ingrained habit of expecting people to act in certain ways because of their chronological age. Myths and misconceptions continue to flourish about growing old. When thinking of the elderly, many people visualize a group of wrinkled, useless, crippled, frail, sexless, and forgetful human beings. The result is a youth-oriented culture that has passed down stereotypes as facts... (p. 525).

The findings of the survey suggested that this cohort of college-age students had fairly positive perspectives on old age, but had been influenced by some of the traditional myths. They viewed older people as unhappy, bored, and financially dependent. These perspectives can be refuted by current research and by elders themselves. Davis (1988) suggested that students would benefit from increased knowledge of the realities of aging and from positive contacts with elderly persons who are active, involved, and happy –



“namely, those who present a more accurate image that runs quite contrary to popular myths and stereotypes” (p. 525).

However, direct experience with older people has been found to have a positive effect on younger peoples’ attitudes toward the elderly (Regan and Fazio, 1977; Tiller and Fazio, 1982; Zanna, Olson, and Fazio, 1981). These researchers found that attitudes that were developed as a result of direct experience with older people were better predictors of behaviors than those attitudes formed through indirect experience. A study conducted by Murphy-Russell, et al., (1986) showed that one hour of positive social interaction with a candid, non-stereotypic elderly couple elicited positive attitude change (Murphy-Russell, et al., 1986). Murphy-Russell, et al. postulated that “this likely occurs because attitudes formed through direct experience are held with greater confidence and are defined more clearly” (p. 249).

This research suggests that the involvement of older people in gerontology programs challenges the prevailing paradigms of aging and that a melding of theory and first-hand experience promotes learning about older people. Hamon and Koch (1993) found that when the generations come together, mutual understanding can occur.

At Messiah College, Pennsylvania, the faculty designed collaboration efforts between elders and students in the form of an elder mentor relationship. This was used as an experiential learning tool and had the following objectives:

- (1) Facilitate the initiation and development of intergenerational relationships;
- (2) Increase student exposure to older persons;



- (3) Provide students with opportunities to test, challenge, and evaluate personal attitudes and assumptions related to the elderly;
- (4) Expose students to the similarities and differences between themselves and older adults;
- (5) Develop an appreciation for mutual exchange;
- (6) Make abstract material come alive in such a way that students are able to personalize gerontological concepts and principles; and
- (7) Provide an arena in which students can integrate book knowledge with real-life situations and people (Hamon and Koch, 1993, p. 150).

Interacting with elders made in-class topics “real.” According to Hamon and Koch (1993) the elder mentor relationship:

...take[s] learning beyond the classroom. If we are learning that the elderly are individuals, and not just one group who all act the same, it is important that we get to know individuals of that cohort and realize that each person is unique and is presented with their own challenges and accomplishments (p. 157).

Although progressive in its approach, the Messiah College model involves older people *after* the curriculum has already been designed. Older people have not been included in building the curriculum utilizing their perspectives, rather, they merely respond to preset topics of study.

Higher education gerontology programs are becoming more aware of including elders’ voices within course content. What is slow to change is the involvement of older





people in actually assisting with curriculum design.

### Elders' Collaboration in Designing Curriculum

There is a dearth of published information in this area<sup>15</sup>. A review of the literature reveals only three higher education gerontology programs that have involved older people in curriculum design. Only one of these institutions is in the United States. They include the School of Nursing, Queen's University, Ottawa, Canada; University of Massachusetts Boston; and McGill University, Montreal, Canada. It is informative to examine these programs as to their goal for collaborating with elders, the process they used to incorporate elders' experiences in curriculum construction, and their outcome at the end of the project.

The goal for Queens University baccalaureate nursing program was to enhance gerontological content by including older adults as advisors on course content and as teachers in their classes. The nursing faculty believed that "seniors could verify the appropriateness of the course content, add experiential dimension, and make concrete suggestions for curriculum changes that would more accurately reflect seniors' experiences" (Greaves, et al., 1995, p. 70).

Since this was a pioneer program, the nursing faculty found no pre-existing

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<sup>15</sup> The University of New England Gerontology Certificate Program in Maine, which I direct, has 12 older people, who hold the title 'Senior Consultants.' They assist with curriculum design. This information has not been published as of December 1998.

The Lesley College "Elders Lives in Context" course was designed with the consultation of 6 urban residents from the Goddard House, and taught with the assistance of four women in middle old age. Information available from Barbara Vacarr, Lesley College, Cambridge, MA.



examples to follow. Of importance was creating a senior membership representative of the local population in gender, education, marital status, and socioeconomic status. The result, seven seniors, two had been nurses and two had been teachers, all ranging in age from 68 to 84 formed a Seniors' Advisory Committee. The faculty's philosophical view was the basis for the mission statement which advocated "that gerontology content in the curriculum will have more relevance and credibility when it has been endorsed by a group of older persons; and that a Seniors' Advisory Committee (SAC) is an appropriate vehicle through which seniors can provide consultation" (Greaves, et al., 1995, p. 72). At the close of the project, qualitative and quantitative evaluative research was conducted by the SAC, faculty, students, and volunteer senior teachers. The findings revealed that this was a valuable experience, and the students felt the learning was more personal and relevant. A characteristic conclusion from the student evaluations was that "it added a real dimension" (Greaves, et al., 1995, p. 75). The project was short term -- the SAC was disbanded at the close of the research. The outcome was that faculty made alterations to the nursing gerontological content, as a result of incorporating seniors as advisors.

The School of Social Work, McGill University, offered an interdisciplinary course called "Social Perspectives of Aging," whereby seniors were integrated into the class in a dual role of student and 'consultant' (Maclean and Marcus, 1981). The school operated from the perspective that formal education can provide an opportunity to improve the dialogue between generations so that the young can be guided by the wisdom and experience of the old. It was an attempt to explore new topics, to approach old topics in a new way, or to give practical significance to theoretical discussions of topics (Maclean



and Marcus, 1981). The goal of the course was to discuss theoretical approaches to aging from a variety of perspectives and translate theory into practice. Since one of the stereotypical characteristics of the elderly is dependence, the faculty in the School of Social Work believed that it might be appropriate to include elderly people in a course that focussed on the way future professionals learn to examine dependence and other characteristics of elderly persons. The course linked two opposing philosophical views (1) older peoples' potential for growth and development; and (2) the social problem approach to teaching social work students about aging (Maclean and Marcus, 1981).

Seniors, as consultants took on many tasks, from challenging the lecturers, to acting as representatives of the elderly, to assisting in bridging the identity gap with younger students. Seniors added a practical dimension to course work and lectures. Their life experiences challenged the theoretical teaching on aging and assisted in illustrating how theory could be related to the realities of aging as experienced by the seniors (Maclean and Marcus, 1981). Dialogue between young and old led to mutual learning and perhaps mutual understanding. Maclean and Marcus (1981) found that "this experience contributed to extensive intergenerational interaction, development of mutual understanding, the breakdown of various age-related stereotypes, a possible narrowing of the generation gap, and an atmosphere of mutual learning by different age groups" (p. 249).

The course curriculum was designed by McGill University faculty, but older people had a voice and opportunity to offer their subjective experiences of aging during the course. Although working with older people in higher education gerontology courses





was deemed beneficial, this project neglected to include older people while designing curriculum.

The Gerontology Institute at University of Massachusetts Boston (UMB) was formed in 1980. A grant from the U.S. Administration on Aging, provided funds for the College of Public and Community Service at UMB to offer training in gerontology. One founding idea was that gerontology should not simply be concerned with the subject matter, but should also train individuals as practitioners with relevant life experience in the field. As a result, the Manning Certificate Program in Gerontology was established and sought to recruit older people into the certificate program. Of the nearly 600 graduates as of 1995, approximately two thirds were 60 years of age or older. The faculty at UMB believe that involvement of the elderly contributes in various ways to the effectiveness of the applied research conducted by the Gerontology Institute. Substantive discussions with the elderly assists in the framing of research issues. The elderly students are successful at working with older respondents in the community to elicit information which can lead to change in policy affecting the elderly.

At UMB, course content is designed by the faculty. At the end of each course, students supply completed course evaluations which faculty consider when redesigning their courses. There is no formal dialogue or integration of elders' voices, perspectives, or experiences with faculty within curriculum implementation. This model illustrates the concept of elderly empowerment through social science research methods rather than older people assisting in gerontology curriculum construction.

This review suggests that although there is increasing awareness of the importance





of gaining elders' perspectives, their perspectives do not influence gerontology curriculum design, per se. In addition, in the examples above, elders were not consulted to design curriculum *prior to* the course or topic being taught, nor did a consulting model continue functioning.

### An Ideology for Gerontology Curriculum

Eisner (1992) has described curriculum ideologies as a set of beliefs about what should be taught, for what ends, and for what reasons. "Ideologies are belief systems that provide the value premises from which decisions about practical educational matters are shared" (Eisner, 1992, p. 302). Construction of gerontological knowledge within the proposed model requires dynamic, yet grounded curriculum theory in order to integrate gerontology theory and textbook knowledge with elders' personal lived experiences.

The proposed gerontology curriculum design model is based on progressive ideologies, defined by Tanner and Tanner (1980) as understanding humanity as evolving, and knowledge as dynamic rather than static or timeless. From this perspective, "education must be viewed as a process of growth, not merely a process of cultural transmission" (p. 114). The authors propose that in America there is a "method of intelligence" that enables us to exercise greater control over our own process of growth and destiny. This intelligence, as posited by Tanner and Tanner (1980),

...has served to free humanity from dogmatic authority, superstition, blind fear, and prejudice – thereby serving as the key tool of democracy...The method of intelligence is not something apart from attitudes, feelings, and



emotions – but enables us to better understand and constructively direct our affective dispositions (pp. 114-115).

The progressive ideology in the U.S. began with Dewey (1916), who espoused that human beings were growing organisms that developed through adaptation and transformation within the environments where they lived (1938). The student begins by constructively adapting to his/her environment and this process continues through life. Human beings require intelligence to maneuver through life which, in turn, then increases their level of intelligence. That is, learning is a social process. The student becomes increasingly able to deal with ever more complex and demanding problems by interacting with his/her environment and the people in it.

Progressive curriculum assumes that instruction “start[s] where the child is” (Dewey, 1938, p. 313). Development may be actively stimulated by the presentation of resolvable but genuine problems or conflicts, and thinking is stimulated by a problem which challenges the student to consider and to act upon what he knows and believes. As Dewey said, the knowledge attained by the student is an “active change in patterns of thinking brought about by experiential problem-solving situations” (1938, p. 455). In essence, the acquisition of knowledge is an active change in the patterns of thinking that is affected by social interaction, by the individual’s moral values, and by emotional experiences. Thus, a curriculum based on *Progressivism* is intentionally designed so that learners build knowledge through experience.

In addition to progressivism the proposed curriculum design model supports choice, responsibility, and intrinsic rewards for learners. Therefore, the tenets of



McNeill's (1990) *Humanistic/Confluent* curriculum, which is experientially based and provides learners with intrinsically rewarding experiences that contribute to personal liberation and development is included in the curriculum ideology. When Humanistic curriculum is divided into its components, *Confluent* curriculum emerges as its own curriculum ideology. *Confluent* curriculum specifically provides persons with more alternatives to choose from in terms of their own lives, to take responsibility for seeing these choices, and to realize that they, the learners, can make these choices. Shapiro (1987) has proposed that confluent curriculum has the following elements:

- (1) participation...there is consent, power sharing, negotiation, and joint responsibility by co-participants; (2) integration...there is interaction, interpenetration, and integration of thinking, feelings, and action; (3) relevance...the subject matter is closely related to the basic needs and lives of the participants and is significant to them, both emotionally and intellectually; (4) self...the self is a legitimate object of learning; and (5) goal...the social goal or purpose is to develop the whole person within a human society (p. 162).

The quintessence of the proposed model is to offer learners in gerontology the opportunity to validate their gerontological knowledge (theory, data, and textbook learning) with that of elders. The curriculum model proposed in this paper is consistent with the tenets of progressive and confluent curriculum ideologies through the involvement of elders' voices, perspectives, and experiences in (1) curriculum construction; and (2) students' experiences.





The proposed ideology for gerontology curriculum development, coupled with intentional involvement of elders in the curriculum design process provides a means to: (1) instill in learners a set of values which will encourage their soliciting elders' perspectives and experiences; (2) offer an instructional model that educators could apply in their gerontological courses; and (3) contribute to a body of knowledge that will further advance the support for and development of emergent theories in gerontology.



## CHAPTER III

### Methodology

*“Well, that’s quite evident to me. Even with my own children. I think you have to be an elder before you can understand them. Because I was young once and I never understood them. It [being older] is a different world.”*

*Daniel, 80 years old, Maine- 1998*

#### Introduction

This chapter describes the qualitative research methods based in phenomenology, hermeneutics, and grounded theory (Glaser and Strauss, 1967; Strauss and Corbin, 1994 & 1997; Glaser, 1978; Holstein and Gubrium, 1994). The methodological approach is used to collect elders’ perspectives about a gerontological topic (in this case, “Aging in Place”) and apply these perspectives to design curriculum. Phenomenology, the study of the human phenomena of the lived experience, frames the means by which the experience of aging and old age as reported by the elder participants is gained. Hermeneutics, the interpretation of those experiences provides an approach to discover meaning and understanding for the responses of the elder participants. Grounded theory methodology explicitly involves “generating theory and doing social research [as] two parts of the same process” (Glaser, 1978, p.2). As stated by Skodol-Wilson & Hutchinson (1991),

Researchers using hermeneutics and grounded theory share a commitment to a qualitative, naturalistic, contextual, historic, intersubjective methodology to understand human responses and experiences from a



variety of perspectives as they are transformed over time (p. 267).

### Orientation of the Study

A review of literature revealed a dearth of studies that utilized elders' voices in (1) designing higher education gerontology curricula; (2) implementing elders' perspectives within curricula; or (3) integrating elders' perspectives with student perspectives to construct curricula. This, in turn, raised theoretical and practical questions regarding the validity of gerontology curricula in higher education, and the application and implementation of emergent theories of gerontology in designing curricula. This study involves elders' knowledge (experiences and perspectives) in designing a specific unit of gerontology study – as a model for designing any extant gerontological course or complete program of study (curriculum). The supposition is that learning experiences that integrate theory with elders' personal life knowledge in a setting of reflexivity and action (praxis), are more likely to enable gerontology students to gain the breadth and depth of knowing necessary to work more effectively with older people.

This research was motivated by my own search for knowledge about aging that textbooks were not satisfying. I wanted to understand what it means to be an older person and how to work with older people better. Elders' stories, experiences and perspectives have contributed greatly to my learning and understanding of what it means to grow older. I believe it is important for faculty to unearth elders' experiences and to respectfully and effectively gain insight into elders' experiences, in order to proficiently facilitate student learning in 'what it means to grow old.'



### Initial Goal and Construction of Research Questions

The original question was “How do older people perceive and experience aging and how can their voices be included to develop higher education Gerontology curricula?” The key question continues to be, “What does it mean to grow old?” This, of course, spans the disciplines of sociology, psychology, and biology of aging, to name a few, and opens the proverbial Pandora’s box for a doctoral dissertation! A remedy to this dilemma was to address the question more specifically; i.e. involve elders’ voices to create a model curriculum design for one gerontological topic.

The topic of “Aging in Place” (Tilson, 1990) was specifically chosen because it is a relatively new phrase that is gaining popularity in the health care industry. At various national conferences (American Society on Aging, National Institute on Aging, Gerontological Society of America) this topic has been on the agenda.

Aging in Place: This concept, in its earliest form, meant that older people would grow old in their homes. It has become a policy issue because of the explosive growth of home ownership after World War II, and “the perception that thousands of older people have been flowing into nursing homes unnecessarily when they can and should remain in their own home or apartment” (Callahan, Jr. 1993, p. 1). More recently, “Aging in Place” has been broadly defined as growing old in a “residential” setting rather than an “institutional” setting. It is often associated with the frail or infirm older population. This latter definition certainly extends beyond aging in one’s “home” or house/apartment. It now includes assisted living and boarding homes. It may include nursing homes when





they are located on the same “campus” as the assisted living site that the older person first transitioned to. It is important to note that “Aging in Place” has yet to be defined in a way that has been agreed upon by professionals within and across the fields of health, human services, and gerontology. (See Appendix B for a description of “Aging in Place”).

Although this concept was introduced to guide the design of service models<sup>16</sup> for older people who were faced with moving from their home after loss of physical and/or cognitive function, it does not explicitly advocate for, nor even address, utilizing elders’ experiences to design service plans. As a result, I felt compelled to research older peoples’ sense of home and how they define “Aging in Place,” in order to compare these perceptions with the health care industry’s ideals. As a professor, I do not want to blindly put forth the industry’s definition, nor do I want to support past gerontological theories where older people had no opportunity for verbal expression. As a result, I constructed the question, “What is important to older people about home and how do they define Aging in Place?”

The next step was to look critically at “Aging in Place” to determine the various components presupposed within the concept. With the assistance of a gerontologist consultant, who is also a local assisted living director, four elements were identified to guide the interviews with older people. These were: *sense of home*, *adaptation* (ability to

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<sup>16</sup> The “Aging in Place” service model includes a home assessment with the intent of redesigning structural barriers to remaining at home. Examples include adapting the bathroom facilities, widening doorways, removing scatter rugs, adding handrails or ramps. etc. to make living at home possible.



adjust), “*Aging in Place*,” and “*place in aging*”<sup>17</sup>. *Sense of home* was elicited through a mini life history of where the person was born, how often they moved, a description of home, and what gave them a sense of home. *Adaptation* addressed a particularly challenging time in their life and how they coped with that situation. It was intended to illustrate their ability to adjust to challenging situations in the past and their perception of their ability to adjust to challenging situations now. The concept of “*Aging in Place*” was handled a bit differently. Participants were asked if they have ever heard of the phrase “*Aging in Place*” (all said “no”). Then they were asked to venture a guess about what it means. Afterwards, I shared the definition used by the industry, and discussion or comments proceeded from there regarding its connection to their life. *Place in aging* addressed self-awareness, as well as sense of identity about aging and the relationship this had to “place.” I wanted to know how they felt about aging, if they consider themselves as old, and what contributes to feelings of old age.

These conversations about *place in aging* led to answers that addressed the larger question behind my dissertation, “what does it mean to grow old?” Aging and/or growing old is a common denominator for all of the topics in the field of gerontology. Although I was investigating a specific topic, discussions with elder participants touched on many issues of aging. (Concepts and Questions are located in Appendix A)

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<sup>17</sup> A phrase introduced by Rowles (1994) that has three components: (1) the propensity to develop a physical attachment to place; (2) the sense of social affinity that may evolve as a result of shared habitation; and (3) the images of self and sense of identity as we grow older, and as those around us age (pp. 116-117).



### Researcher's Subjectivity

Research, the questions asked and methods used, is formed by one's experience, knowledge and beliefs (Glesne and Peshkin, 1992). Upon reflection, I identified five personal assumptions with which I entered this study:

(1) qualitative research, as opposed to quantitative research, can better characterize elders' voices and how elders' "feel." Quantitative data is reductionistic and positivistic by nature, concerned with measurable cause and effect questions rather than gaining understanding of a phenomenon. Elders' perceptions about their own aging process must be conveyed through them, their voices, and other means of personal expression. Qualitative research can illustrate peoples' "humanness" (feelings, thoughts, needs, desires, experiences, and interpretation of the aging process, etc) and will reflect their psycho-social and emotional-spiritual experiences of aging more genuinely than can a quantitative approach.

(2) older people, by nature of their extended existence on this earth, have wisdom and experience to share with other generations, necessary to generating learning about aging. Older people may not relate to the term "wisdom" and may not be aware of the richness of their experiences; however, older people have significant information that can be used in curricula design for gerontology programs.

(3) past gerontological theories of aging are being challenged through the emergence of critical gerontology; and emerging gerontological theories promote elders' wisdom, voices and meaning.





(4) older people don't perceive themselves as old based solely on their chronological age. Being old is a state of mind which may be influenced by poor physical health, significant loss (physical, emotional, mental, spiritual), or by the oppression of community and society. I have observed that older people begin to think of themselves as old once they have lost some control of their lives, or are subjected to imposed limitations they are not ready or able to adapt to.

(5) older people are not familiar with the phrase "Aging in Place" and therefore their reaction to it will be negative.

Awareness of these assumptions assisted in my moving beyond them. They represent an understanding of researcher biases and owning the place of subjectivity in research. Being attentive to these assumptions assisted with listening in observation rather than in judgement. I realized that I have partialities regarding some gerontological theories and beliefs about what it means to be old. Identifying the assumptions raised my awareness about my role in this research and how to prepare myself to be informed through the research experience. As a result, each person I interviewed offered pearls of wisdom and insights for me to savor and apply to, not only this study, but to life!

### Research Relationship and Process

This section describes the relationship between the participants and myself, as researcher, through the selection of the participants, the interview process, my role as researcher, and the relationship of the research to my own knowing.



a. Participants: Two informant groups of elders were interviewed totaling 17 older people, ages 64 to 91. One group involved individual interviews of 10 elders previously unknown to me. The second group involved 7 representatives of the “Senior Consultants” with whom I work on a continuing basis in designing curriculum for a gerontology certificate program.

Demographically one would expect more females than males, however, there was near equal representation (8 men and 9 women)<sup>18</sup> in the referent groups. As a matter of fact, it was not until the data review that the gender balance became noticeable.

Participants lived in a variety of housing which included single family homes, independent apartments, assisted living apartments, and nursing homes. All interviews were conducted in their place of residence except one man who was interviewed in his office at a senior citizen center. The socioeconomic status of the participants was equally distributed from low-income to upper-income. Participants were either married, widowed or single. One female interviewee had a spouse who did not live with her due to his affliction with Alzheimer’s. Table 10 illustrates the above data in detail:

Table 10

Age	Gender	Dwelling	Living status
<b>60's (4)</b>	4- females	3- houses 1- apartment	2- alone/1- spouse 1- spouse
<b>70's (8)</b>	5- males/ 1- female 1- female 1- female	6- houses 1- assisted living 1- nursing home	3- spouse/3-alone 1- alone (spouse in NH) 1- roommate

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<sup>18</sup> The Senior Consultant group included 4 men and 3 women. The individual participants included 4 men and 6 women.



Age	Gender	Dwelling	Living status
80's (4)	1- male	1- house	1- alone
	1- male	1- apartment	1- spouse
	1- female/1- male	2- assisted living	2- alone
90's (1)	1- female	1- nursing home	1- roommate

b. Issues of Diversity: Although participants are Caucasians, their social impact depends on much more than their ethnicity. Level or degree of education, economic status, and historical events occurring during their lifetime, as well as their personal experiences with these events are a few of the indicators that contribute to the diversity within this paper. Of importance is how the proposed model breaks the chain of oppression. As a result, critical consciousness is raised, native concepts are challenged and elders' voices evolve into grounded theory. The fact of the matter is, that work in this field would be greatly enriched by representation of elders from other cultures.

c. Relationship to Participants: The participants represented two distinctly different groups of elders, with regard to their relationship to me and the study. Seven participants, the "Senior Consultants, had been meeting as a group with me bi-monthly for ten months to design the gerontology curriculum for a certificate program. These participants were not only articulate as individuals, but had established a high level of group trust which supported candor and critical reflection. When posed questions about "Aging in Place," they then could immediately enter into a thoughtful, critical dialogue as a group.





The ten participants who were interviewed individually had not previously been involved in such discussions, nor were they personally known to me. These individuals were recommended by colleagues or selected randomly. When faced with defining the concept of “Aging in Place,” often times responses were slow to emerge, but none-the-less rich.

d. The Interview Process: Interviews were arranged in advance. The Senior Consultants received a letter including the arrangements for the interview, an *RSVP* indicated their willingness to participate. All other interviews were arranged by phone.

At the time of each interview, participants received a short history of who I am and what this research project is about (Appendix C). This introduction was brief, taking no more than five minutes and followed by a discussion about the consent form (Appendix D). The consent form was adapted from one approved by the University of Pennsylvania. It essentially outlined the complete process and was used as a guide to introduce the research project. All participants willingly signed the form.

Interview lengths varied. The group interview was scheduled for two hours and was easily managed within this time frame. The individual interviews lasted, on the average, for 60-90 minutes. Some elders were more talkative than others.

e. Questions: This study involved qualitative, open-ended, in-depth interviews, which resulted in a dialogue with each participant rather than a formal interview. The open-ended, in-depth interview method enabled participants to direct the interview rather





than follow a set of finite and highly structured questions. Although questions were prepared, they acted as a guide rather than a plan. As with open-ended questions (Mishler, 1986), complexities and ambiguities of the questions themselves posed challenges. Resolution of ambiguities was handled through developing discourse between each participant and myself. This method provided an opportunity for interviewees to answer questions based on their understanding and to tell their stories in whatever depth met their needs.

In three of the individual interviews the participants initially gave cryptic answers. In these cases, the open-ended method was especially helpful in meeting the person where he/she was. Eventually, each person appeared to become comfortable enough to tell more of his/her story.

### Researcher Lessons

Interviewing the participants offered lessons in self-discovery, patience, power (or lack thereof), and experience.

(1) Self-discovery - Proceeding through and reflecting on the interviews developed greater consciousness, clarity, and understanding of my own process. In addition, recognizing the subjectivity of research and verbalizing assumptions was the first step to moving beyond them. Memo<sup>19</sup> writing was paramount throughout the interview process and contributed to data analysis. Although there were many areas of

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<sup>19</sup> A qualitative research term indicating reports and written contemplations about researcher processes and perceptions regarding his/her research.



learning, a specific lesson was the realization that elders' personal knowledge didn't need to contrast with textbook learning. Instead, an integration of gerontological knowledge and elders' lived experiences augments the information in gerontology and student learning.

(2) Patience - Conducting research in a new area offers many opportunities for learning. One of those opportunities was learning about patience. This key component for self, extends to patience with others, namely the elder informants. Patience led me to release self-imposed time constraints during the interviews, as well as release the need to "hurry" the elder informant's responses. As a result, interviews were relaxed and increased useable data was generated for other topic areas in gerontology.

(3) Power - Conducting interviews was a humbling experience. Although I determined the topics and baseline questions, and I essentially managed the interviews, the participants were the experts sharing their wisdom and experience. They held the power or we transferred it back and forth.

(4) Experience-Near/Experience-Distant - The experience-near concept as expressed by Geertz (1974) is:

one which someone – a patient, a subject, ...an informant – might himself naturally and effortlessly use to define what [s]he or his[her] fellows see, feel, think, imagine, and so on, and which [s]he would readily understand when similarly applied by others. An experience-distant concept is one which specialists of one sort or another – an analyst, an experimenter, an ethnographer...– employ to forward their scientific, philosophical, or



practical aims (p. 223).

The earlier interviews were conducted from an experience-distant perspective. In order to feel more closely aligned with the participants' stories and their experience-near perspectives, I later framed my questions in a way that attempted to place them and me in the moment of their experience. I would ask them to think back on a time, or ask them to place themselves in a given situation and describe it for me. Asking them to go back and be part of their experience helped to bring me back with them. For example, Anne shared her experience of going back into her burned apartment to get her strong box. I could see it in my mind's eye and actually imagined the tension as if I were walking in that condemned building. Asking "near" type questions rather than "distant" type questions aided my ability to relate more closely with the participant.

### Data Analysis Process

Each participant was willing to be audio-taped. All tapes were clear and all but one of the audio-tapes had good volume. The tapes were transcribed by a professional transcriptionist. Eleven interviews resulted in approximately 400 pages of data. The steps for data analysis included the following:

(1) The "mulling it over" phase - Each audio-tape was listened to a number of times to pick up main themes and/or to identify adjustments that needed to occur in future interviews.

(2) Once all the tapes were transcribed, manual qualitative data analysis began with preliminary coding and memo writing. The identification of the codes resulted either





from native concepts<sup>20</sup> or grouping of participants' concepts into a common theme.

(3) NUD\*IST Data Analysis - Non-numerical Unstructured Data\*Indexing, Systems, and Theory-building (NUD\*IST) software is a sophisticated computer software that assists in qualitative data analysis. Researcher comprehension, ability, and interpretation are critical components to comprehensive data analysis.

It is not the intention of this methods section to give lessons or explain the details of NUD\*IST, however since this is a unique process, listed below are the steps necessary for data analysis:

a. Identify individual attributes (age, gender, health, etc.) and enter *command codes* into the system. The process for the group interview varies from the individual interviews, regardless, the outcome of coded attributes is the same.

b. Format all documents/transcripts to import into NUD\*IST. Once data is imported, analysis of data is a congruent process. (There is no difference between a group or individual interview.)

c. Code data through preliminary *string searches*, *pattern searches*, and *node*<sup>21</sup> creation techniques to identify key words, native concepts, and patterns of words. I initially used the node creation technique for coding, which is similar to manual qualitative techniques of cut and paste, but the computer does all of the sorting and storage of data.

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<sup>20</sup> Actual words or phrases used by the participants

<sup>21</sup> A “node” in NUD\*IST is equivalent to a “code” or “theme” in manual methods of qualitative research.



d. Conduct cross-searching techniques through Boolean and NUD\*IST searches.

e. Perform cross reference checks of native concepts, common terms and words, which results in a number of matrices (Refer to Appendices F, G, H). Checking the data and comparing/contrasting it with other concepts and/or nodes is performed throughout the process of writing the presentation of data.

Data analysis resulted in 23 parent nodes, 52 child nodes (sub-codes), 6 text searches (key word searches)<sup>22</sup>, 20 index searches (comparisons and matrices) and 3 free nodes (information that didn't fit under other nodes). (Nodes are listed in Appendix E).

### Limitations of the Study

This was a phenomenological and hermeneutic study of what elders perceived to think, feel, and know about "Aging in Place" and their place in aging. The study was limited by the following factors:

(1) In relation to the number of elders in society, the number of participants interviewed was minuscule. The number of participants was seventeen and involved 10 individual interviews and one group interview. However, each of the seventeen elders' voices is represented in the data. It was important to keep the number of participants and interviews low because of the amount of data generated by such a study. Glaser and Strauss (1967) have argued that the number of interviews is not important in the

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<sup>22</sup> Searching key words can be unwieldy. For example, a search of the word "home" results in an exorbitant amount of text units and unusable data because of its common use throughout the interview by the participant and myself. Whereas a word like Depression (signifying the Great Depression) produces participant responses that are topic specific.



development of substantive theory. “A single case can indicate a general conceptual character or property; a few more cases can confirm the indication” (p. 30).

(2) The study was limited to elders over the age of 64 who were retired and had full cognitive abilities.

(3) It was necessary for the Senior Consultants to be ambulatory and able to transport to a common meeting site at a common time. Individual interviews offered the potential for gaining more diversity in the participant groups with regard to health, ambulation, and availability. Individual interviews could be scheduled at the participant’s convenience, as compared with the Senior Consultants who needed to meet as a group.

(4) The selection of the participants included consideration for age, gender, living environment, health status and socio-economic status. I did not take into account race, ethnic origin, sexual orientation, class, or other social factors.

(5) Participants either self-selected or were suggested for the study by other professionals. All participants expressed a willingness to participate.

(6) The participants were limited to a 26 mile radius within the southern Maine area. Maine is the 5th rural state in the nation and yet this study represents elders who live in sub-urban and urban areas.

(7) It was assumed that participants might not share complete stories or there may be a discrepancy in what they said as compared with what they do. Taylor and Bogdan (1984) observed that, “...interviews are subject to the same fabrications, deceptions, exaggerations, and distortions that characterize talk between any persons” (p. 81). In addition, researcher influence (facial expressions, head nods, etc) may have affected the



participants stories or responses.

(8) All interviews were one-time audio-taped sessions. In some cases the participants mentioned new facts applying to the study after the tape recorder was packed away.

(9) The study was limited to the concept of “Aging in Place” and the components associated with this concept as defined by the researcher.





## CHAPTER IV

### The Curriculum Model

This chapter presents a model for designing gerontology curriculum for higher education. The model reflects critical gerontology practice (Moody 1988, 1989, 1995), emergent theories of gerontology (Birren and Bengston, 1988), continuity theory as reformulated after 1989 (Atchley 1989, 1993, 1995), and espouses the progressive and confluent curriculum ideologies (Dewey, 1916, 1938; Tanner and Tanner, 1980; McNeill, 1990) which includes the subjective, objective, experiential, intellectual and emotional. The model can be applied to curriculum development for new gerontology programs, existing programs, courses within a curriculum and/or topics within courses.

#### Impetus for the Model

At the time that I was conducting a literature review regarding gerontological theory development, I was also extensively involved in working with elders in a number of settings. As I studied the various gerontological theories and reflected on them, I found that conversations with some of the elders greatly expanded my learning. I wanted to know their perspectives and if they agreed or disagreed with what I relayed about these theories. This process led me to two very important questions that affect curriculum (1) What is it about elders lives that coincides or doesn't coincide with gerontological theory; and conversely, (2) What is it about gerontological theory that coincides or doesn't coincide with elders' lives? What appeared evident was that although gerontological



theories are based on empirical data about elders, some theories posed noteworthy discrepancies when applied to the elders I worked with.

This led me to think about current practitioners in geriatrics/gerontology. Their educational experiences may not have afforded the opportunity to critically analyze past and emergent gerontological theory in relation to their work with older people, and may not have supported experiential integration of gerontological knowledge with the lived experiences of older people.

### Elements of the Model

From these reflections a model for gerontology curriculum design was developed. There are four functional components of the proposed model: (1) gerontological knowledge (2) Senior Consultants (3) diverse elder voices; and (4) integration of theory and practice – reflection and experiential student learning.

(1) Gerontological knowledge: The foundation of any curriculum model is the extant gerontological research, data, theories, and general content. The template for academic programs in gerontology is framed by the Association of Gerontology in Higher Education: at least one course in sociology, psychology and biology. As a result, there is a great deal of latitude for designing not only gerontology programs, but course content as well. The first step in curriculum development entails assembling information and material about what is to be taught. For example, at the course level, a faculty member or members (if team teaching) create a course syllabus which describes the course, course goals, learning objectives, topics to be studied, bibliography, assignments, and evaluation.



The preliminary work of choosing course content and researching the topics included in the course is the ground work for gerontological knowledge development.

(2) The Senior Consultants: A formally constituted group which meets over a period of time<sup>23</sup>. Their role is to inform, correct, make suggestions, offer perspective, serve as sources of information, attend some classes, and make contacts and connections to the senior community and its institutions. They have the ability to make suggestions regarding all aspects of gerontology curriculum including but not limited to – courses in the curriculum<sup>24</sup>, course content, course assignments, and assessments of what learners need to know to work effectively with older people.

Senior Consultants, in effect, practice critical gerontology through dialogues with each other, faculty and students. The Senior Consultant model supports elders' voices and experiences through discussing their ideas, telling their stories, and sharing with others. They are empowered through sharing their wisdom and experiences. In essence, as they transform gerontology curriculum, the process transforms them. In addition, the tenets of continuity theory are revealed. When elders talk about their past, present, and future, there is self-discovery and self-awareness. They identify the patterns of their existence and their ability to adapt and adjust as they age.

Meeting on a consistent basis establishes rapport between the Senior Consultants

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<sup>23</sup> This depends on the project. If an entire gerontology program is being reviewed the Senior Consultants would meet over a longer period of time as compared with a specific topic area which may take as little as one meeting.

<sup>24</sup> The AGHE curriculum guidelines mentioned earlier forms the foundation, however there remains latitude for additional course offerings.





and the faculty. It raises and intensifies the level of sharing that occurs within the group.

Members reveal personal experiences that are sensitive, they express emotions more freely, and admit their triumphs and vulnerabilities.

Curriculum development with the Senior Consultants can occur at four points.

Prior to the program or course starting, as the program or course is in progress, at the precise time a class is meeting, and/or after the program or course is completed to review or evaluate.

(3) Diverse elder voices: Incorporation of the voices of elders augment the Senior Consultants' perspectives. Interviewing and/or involving additional older people adds to the quantity, substance, and diversity of elders' perspectives. Elders can be interviewed in nursing homes, assisted living centers, and at home — the possibilities are limitless. These interviews can be conducted by faculty as well as students, which presents an opportunity to work directly with elders. Soliciting diverse elders' perspectives can be accomplished in a variety of ways which will be addressed in Chapter VI.

(4) Integration of theory and practice: This proposed model offers students gerontological theory and knowledge, with opportunities to critique theory through their experiences with diverse elders.

### Steps for Implementing the Model

(1) Determine Level of Model Implementation - The model can be applied to any level of curriculum design: comprehensive gerontology program design, course planning, topic planning, class planning, and/or evaluation.



(2) Assemble Gerontological Knowledge - The breadth and depth of the gerontological knowledge to be assembled is determined by the level of curriculum design that is being pursued. Three specific means of identifying and assembling this body of knowledge include a) acquiring information from professionals in the field of gerontology; b) reviewing textbooks, research, periodicals, theories, data, and demographics; and c) visiting or inquiring about other programs and courses.

(3) Interview Elders - Working with Senior Consultants and other elders creates the second set of information required for curriculum design.

a) A Senior Consulting team can be established in a variety of ways. It is left to the discretion of the faculty. The group might consist most productively of 8-12 elders who either volunteer or are selected. Meeting times with the Senior Consultants will vary depending on the level of curriculum design. The duration of each meeting should be no longer than two hours. This allows ample time to contemplate and discuss gerontology topics (in this case, "Aging in Place"). The Consultants share their personal stories, thoughts, insights, experiences, and reactions to questions that are posed to them or that arise during the discussion.

b) Conduct additional interviews with elders to gain diverse perspectives on specific concepts or topics to further curriculum development. The faculty can conduct the interviews or students can do this as part of a class assignment.

(4) Analyze Interview Data Sets - Review background gerontological knowledge and data from the interviews for a) native concepts; b) points of agreement between background gerontological knowledge and elders; and c) points of disagreement between



background gerontological knowledge and elders. The examination of the data can range from formal qualitative analysis to informal comparison. It is suggested that interview transcripts and data analysis be archived for future reference.

(5) Integrate Data into the Curriculum - Data from one or more of the preceding sets of information can be integrated into the curriculum in a variety of ways. A new paradigm in gerontology education requires that faculty challenge “prevailing theories, methods, and orientation of contemporary gerontology” (Moody, 1995, p. 244), in order to bridge the gap between theory, experience, and practice. Applying the data with this in mind will support elders’ and students’ wisdom and learning. Each of the following teaching tools or strategies provides an opportunity to compare and contrast elders’ personal knowledge and experiences with gerontological knowledge.

- a) Create case studies from the transcripts
- b) Design problem-based learning modules
- c) Chart elders’ answers to questions pertinent to specific topics
- d) Have elders write responses to open ended sentences on easel paper (i.e.; what retirement means to me is....; I will be old when....; etc)

Students can respond to these same statements prior to revealing the elders’ responses.

- e) Present the elders through a video, CD ROM or audio-taped segments of their dialogue.
- f) Invite the elders to class.
- g) Offer elder’s anecdotal comments through the facilitator’s personal



experiences of working with the Senior Consultants and/or other elders.

h) Ask the elders for ideas of how to incorporate their voices and experiences to augment students' learning.

(6) Design the Student Learning Experience - The key here is to design innovative experiential learning opportunities that enable students to critique extant gerontological theories and knowledge based on elders' lived experiences. Students can undertake the same inquiry process as that of the curriculum designers, including collecting and analyzing elders' experiences and comparing and contrasting elders experiences with gerontological knowledge. Students have an opportunity to integrate theory and practice through:

a) Conducting in-class qualitative projects whereby students interview an elder(s), provide a transcript(s), and discuss the data with class feedback

b) Choosing a topic(s) from the course syllabus, researching the topic and interviewing an elder(s) about the topic. The student compares and contrasts the information and presents their process and findings to the class as a facilitator.

c) Following one (or more) elder(s) through a course and discussing topics prior to the scheduled syllabus date for the topic

d) Inviting an elder to class

e) Conducting a small group interview in a senior center, nursing home, assisted living center or any location where elders gather to answer questions relating to course content.





f) Using other mediums to depict elders experiences, such as photo exhibits, videos, artwork, diaries etc. constructed from elders they know or have encountered.

g) Offering students the option to design their own project to solicit elders' voices and apply elders' knowing and gerontological knowledge to curriculum/topic development in gerontology.

(7) Evaluation - A comprehensive evaluation of the course content and learning process needs to be conducted by the elders, faculty, and the students. Evaluation tools will vary depending on what level curriculum has been designed and implemented. At the course level, conventional university evaluation forms are inadequate for surveying critical gerontological and progressive/confluent curriculum. Separate evaluation tools for the senior consultants' experiences and faculty/student responses about curriculum goals, objectives and learning process is appropriate. For example, themes on a course evaluation for students may include such components as application of knowledge, relevancy of experiences and assignments, fulfillment of course goals and objectives, integration of personal learning with elders' knowing and gerontological knowledge. Evaluations should elicit voices to be congruent with the philosophy of the model. A standard evaluation tool was not designed as part of this study.

(8) Archive the Research - As interviews with elders are conducted, all data should be transcribed and submitted on computer disk and in hard copy for central filing. Proper documentation is imperative – who conducted the interview, the interviewee's profile, signed consent form, dates, topics included in the interview, etc.. At first, the



archive would include data from class projects, projects conducted throughout the program, and data from projects within the institution. A grand scheme could include creating and sustaining a “National Elder Perspectives Archive” (NEPA). NEPA could a) create the archives; b) create a web site which lists the resources and makes some available on a rotating basis; c) edit and archive tapes, CD ROMS, and other technology of elders voices sent to NEPA from other organizations; d) sell the technology to educators, trainers, etc; e) perform updates on the data in five year cycles; and f) hold educational and training conferences endorsing the roles of elders in society both nationally and internationally. The important issue is to build a data base of elders’ voices, experiences, and knowing across time and on many topics as a gerontology curriculum resource.



## CHAPTER V

### Data Analysis: Integration of Voices into the Curriculum

*What the qualitative researcher is interested in is not truth per se, but rather perspectives.*

*(Taylor and Bogdan, 1984, p. 98)*

The purpose of this chapter is to introduce the participants and to illustrate one element of the model showing how elders' perspectives can be infused into the progressive/confluent curriculum model. Each participant has many stories and experiences that apply to "Aging in Place"; however they are too voluminous to include in this project. As a result, only the data that is associated with *defining* "Aging in Place" will be presented and discussed.

I will first introduce the senior consultants, since they represent the core of this model, and then the individual participants. The individual participants will be presented according to their place of dwelling – house, apartment, assisted living, nursing home. (Participants' Demographic Profile is presented in Appendix F). Then, the elders' definition of and reactions to "Aging in Place" will be presented. Finally, the manner in which the elders' perspectives can be incorporated into a formal class will be discussed and described.





Introduction of the Participants - *All names have been changed to insure anonymity.*

a. Senior Consultants:

Henry, 70, and Penny, 68, met in Maine at the ages of 18 and 16 respectively.

Henry is a native of Maine. "I grew up on Long Island out here in Casco Bay. Went to school in a two room school house with outhouses in the back...then we moved to Munjoy Hill in Portland when I was in fourth grade."

Penny grew up in Massachusetts on the North shore. Penny was an only child. "I was my mother's prized possession. I couldn't play outdoors because I might get dirty, I couldn't play with other kids because I might learn something I shouldn't learn...I had made no decisions what-so-ever. "When I made him [Henry] a decision, all hell broke loose. Mother was still alive and she raised merry hell." Six months after Henry and Penny were married, her mother moved in with them. Henry said "we became fast friends after that!" Penny stated that "All summer, every summer I was here in Ocean Park, Maine. That is eventually what got us up here (Henry and Penny currently live in Ocean Park). It was part of my life, all of my life." Henry and Penny met in Ocean Park while Henry was teaching model airplane building at the Boys Camp. Henry recounts that "Ocean Park is the center of our life and always has been, I guess, from the early 40's. We've always owned property there, we've always come back summers there until we finally moved here."

Henry was on the road much of the time as a salesman for Sears. The family lived in Pennsylvania and New Hampshire over the years as Henry traveled. Penny did most of



the child rearing of their three children during this time. Twenty years ago, when the children left home for college, Henry and Penny moved to their summer cottage in Maine. They winterized this tiny cottage and added a few more rooms and continue to call it home today.

Jan, 68, and Ted, 71, met in Cleveland, Ohio, where Jan got a job after going to college in Kentucky. Jan grew up in Massachusetts. She was the sixth of nine children raised in an Episcopalian home. "Religion [was] a very important part of our existence during the Depression and our whole family's social life revolved around the church. I came from an alcoholic family."

Ted was born in Connecticut and had a twin sister. "We had a farm that was fairly well [off], but my grandmother had a farm and her husband died and they decided to sell one of the farms and try to see what they could make out of the other one, they apparently made the wrong move. It was right in the depth of the Depression, they couldn't pay the rent and the FHA foreclosed and there dad was without a job." His family eventually moved to Texas with a trailer. "We were migrants moving around trying to get a job..." Ted went into the service and got on the GI bill. "They sent me to Yale down in the army...got my engineering degree there." Ted lived at the University Club in Cleveland, Jan was a social worker in Cleveland, living in a settlement house. They went on a blind date and eventually married. Once Ted got his engineering degree they "started travelling and working and I eventually wound up in Maine where we always wanted to live." Jan added that "my family had always been in Maine." They have two children and Ted



considers himself to be semi-retired. Although he has officially retired from his job, he continues to do consulting work.

Ralph, 74, experienced a very different childhood from the other participants. He lived in a foster home in Willamanset, Mass. the first six years of his life. "I was in a room with six boys who were all brothers and I was the seventh boy. I was not the favorite person there." Ralph was then adopted by his mother's second husband and moved to Wethersfield, Conn. to be with them. He knows he had two sisters, one of whom died at an early age while the other was adopted by his step-father two years after Ralph's adoption. Ralph grew up in Connecticut. Then "I went into the Marine Corp and after that I was in West Hartford [CT] for the rest of our time." There, he married and had two children while managing a "family" store in Connecticut. Upon retirement, he sold his business to his son and daughter and, with his wife, built a house on the coast of Maine. They moved here in 1990. During this past year Ralph's wife died of lung cancer and he nearly died himself from the stress of that situation. Since that time he has been coping with some health issues, making many domestic adjustments, and is continuing to adapt to his new situation as a widower.

Deb, 64, the youngest of the senior consultants, is a single retired U.S. Air Force nurse who lives with her cat. "I was born in a town named Woodruff, Utah, population 241. I went to a one room school house the first three years. Then we moved to the big city of Evanston, Wyoming which was 22 miles away and it had 4,000 people, so I was in





a big city. I did my schooling there.” Deb had one sister and two brothers, she was the oldest. Deb and her siblings were raised as Mormons. However, in her late teens she went away from home to attend a Catholic nursing school and became a nurse. After this she joined the U.S. Air Force and “traveled all over, saw mostly Europe. I had two tours in Europe and three tours in Texas, a tour in Florida, a tour in Washington State and bought houses along the way and finally sold all of my houses and decided to live in Maine. I came here in 1991.” Deb retired from the Air Force as a Lieutenant Colonel Surgical Nurse the year prior to coming to Maine. She owns her own home and lives alone (except for her cat).

Jerry, a 78 year old widower, is a native of Maine and lives with his two dogs. “I was born in Kennebunk, Lower Village, Maine and I grew up there and I live there [now]. I moved to California in 1950 and I came back to Maine in 1980 when I retired. I went to California to seek my fortune. I didn’t find it.”

In Lower Village, Kennebunk they “had shipyards and blacksmiths and I used to hang around and watch men work.” Jerry recalled that his “home life was a little difficult. My father was a Scotch Irishman and my mother a French Canadian. She was Catholic and he wasn’t, and she was a Democrat and he was a Republican and there were a lot of conflicts in the family.” Jerry had two younger brothers. “I was the oldest by about six years.” His middle brother died in an auto accident after World War II. Jerry was in the car and the only survivor of three people. “That was traumatic.” Jerry had lots of professions. “The one I’m most proud of was being a merchant seaman.” Jerry met his





wife-to-be in his home town, then one of his jobs brought him to California and she followed. They married in Reno, Nevada “in five minutes for five dollars and I had the happiest marriage you can imagine. I was married for 43 years.” They had no children. Jerry currently lives back in his home town in the house he and his wife designed, located on the south pasture where he grew up.

b. Individual Participants:

The participants who were interviewed individually live either in a single family self-owned house, an apartment, assisted living center, or nursing home. I have presented these elders based on their place of residence.

Home Owners:

Peg, a 72 year old widow (16 years), now lives with her dog. She was born in Fitchburg, Mass. She has one brother two years older than she. They are very close. Peg’s family were “church goers. My folks were very active in the church.” She remained in Fitchburg until she completed high school. Her family moved around a lot in that area “because people were then renting houses because most people had lost houses to the bank so the bank was renting houses. Most of the time we lived in what I think of as a bungalow. One story and a living room, dining room, kitchen, 3 bedrooms and a bath. It was modest, I’m sure, but we lived in a neighborhood that was full of kids and we just had a wonderful life.” After attending University of New Hampshire, Peg worked in Connecticut and then Massachusetts waiting for her husband-to-be to finish his last two



years of college. They were married in 1949. Peg and her husband, Bill, moved quite a bit all around New Hampshire, eventually ending up in Maine where her husband died suddenly at the age of 56. Peg now lives alone in the home she and her husband bought on the Ocean. She has three children, two of whom live nearby.

Daniel, 80, became a widower three years ago. He was born in Jamaica Plain, Massachusetts and “lived there until 1972, 52 years, then we moved to Maine.” His dad was a pharmacist. He had one brother and one sister, “I’m in the middle.” Up until the time his mother died, when Daniel was 10 years old, “I think we moved three or four times.” His parents never owned a house, they rented houses in and around the Jamaica Plain area. “After my mother died, the three of us were separated in different families, lived with different aunts. My father was unemployed for, I guess, about ten years with odd jobs here and there.” After living a “strict” life with his aunt and uncle in their house until he graduated from high school, Daniel moved back with his dad who had remarried. Daniel remained there until he got married at the age of 21. He enlisted in the Navy when he was 24. Daniel and his wife “didn’t own a home until 1945, after I was discharged from the Navy.” They had five children and after 1972, remained in Maine year round until 1992. His wife had cancer and they purchased a house in Arizona and spent the winters there. His wife eventually died in Arizona. Daniel is a retired pharmacist and owns a small home in Saco.

Fred, 70, lives with his wife in Ogunquit, Maine. He was the only participant to be



interviewed in a place other than his home. We met in his office at the senior citizen center where he volunteers. Fred spent his early years "in Massachusetts in a little town called Rutland right outside Worcester. We stayed there until I was 16 and the war broke out...I have a twin brother." His parents were from Finland. Fred didn't learn how to speak English until he was in the second grade. As a young man, Fred and his brother entered the merchant marines. Afterwards, Fred entered the Navy and his brother entered the Marines. They would not take brothers into the same military service in those days. Fred married at the age of 22; he and his wife have six children. "We bought a small cottage (in Ogunquit) 20 years ago...and converted it into a year round house. I retired there in 1995. Not long ago."

#### Apartment Renters:

Anne, 67, is a native of Maine and has been widowed for four years. She has essentially lived and worked in the same town her entire life. When she was ten years old, her family lost the house that her dad had built and she was born in. "It was the Depression years and they lost it." From then on she lived in apartments. "I had a brother ten years older than myself who constantly teased me and picked on me because he had to take care of me when my mother would go cleaning down on the beach." Anne's mother was French and her father was Irish. "My mother was 4'10" and my father 6'2". They made quite a pair." Anne lost all of her belongings twice in two apartment fires, once when she lived with her parents and another time when she lived alone. "I lost everything twice." Anne married and lived with her husband in a rural town that was only 15 miles





from her home town. It was “quite different than being on Main Street. ...I can’t say I ever loved it. If it wasn’t for him I’d never have gone up there.” After her husband died, Anne remained in the house for 16 months. “All of a sudden I turned to hate it. I hated going home at night. It was a big empty house, I had no neighbors.” Her step-son moved into the house and Anne came back to her home town - “my home roots.” Anne was diagnosed with Lupus although the diagnosis is inconclusive. She started jogging and “I’ve been doing it ever since....I just won’t give in to what I’m supposed to. I can’t imagine just sitting here and saying ‘I have Lupus, I can’t tire myself. I can’t do this, I can’t do that.’ That would kill me, then maybe it would take over. I do buckets of things, I just don’t sit.” Although Anne retired, she continues to work for the same company part time.

Hank, 83, lives with his wife, Betty, 80. Hank was raised in Laurel Hills, Long Island, New York. “There were all neighborly people, that was wonderful. Very caring people. ...I loved to play stick ball on the cobblestones at 7 o’clock on Sunday morning.” Hank spoke of his cold water flat that he grew up in. “It was nice in the summer but in the winter, oh boy. It was tough in those days....I had corduroy suits, corduroy socks. Keeps you warm going to school and copper tip shoes so you wouldn’t wear them out shooting marbles.” His father worked on Pierce Arrows and Rolls Royces when he was working. “He became a mechanic after the Depression.” At 22 years of age, Hank got married, and “we had a beautiful three room apartment for 24 dollars a month and finally got my draft notice.” He served in the South Pacific for 3 ½ years. “When I came out of the service, I



didn't find this out until I came home and I knew something was wrong." His wife had advanced breast cancer and died within seven years. His second wife was an alcoholic. When Hank met her at a clambake, "I didn't know she was a drinker." "Four or five years I guess I put up with her. I stuck with her until she passed away." His third and current wife, Betty, is a native of Maine. "It was a hell of a life until I met my darlin' 36 years ago, God love her, she straightened me out." Hank and Betty moved to Maine to live in the 17 room farmhouse house Betty was raised in. They recently moved into an apartment. Hank was convalescing from his second hip replacement at the time of the interview. They are already planning their next move into senior citizen independent housing.

#### Assisted Living Center:

Beth, 70, lives alone in an apartment at the center. Her husband is suffering from end stage Alzheimer's disease and is living a half mile away in a nursing home. Beth was born in Little Valley, New York. Her parents were natives of Maine. They moved Beth to Maine when she was two years old. "I grew up in central Maine in a small town... Harmony. We had a house and we lived on a farm. There was always plenty to do to keep us out of mischief...I liked growing up that way, I had a very happy childhood." Beth "first left home in 1946 after I graduated from high school, I went to a Bible school. Then I worked for the church ...until I got married." They happened to meet at the church. Her husband-to-be was originally from New York City and then from Gloucester, MA.. She and her husband, Wally, had three children. Beth has always been a housewife and



talented crafts maker. Her husband is still living. "He has Alzheimer's disease and he's up here at the Barron Center. He's been in the nursing home for three years in November. I took care of him before that at home." After her husband moved to the nursing home, Beth continued to live in her own home "until a year ago last March and then I moved here. I was able to drive but then I had trouble with my eyesight and I couldn't drive anymore. I wanted to come over here because I could walk up there [The Barron Center]."

Ellen, an 83 year old widow, was born in Naples, Maine. "My folks had a little house about as big as this area here (20' x 20') and they ended up with nine children." Ellen was the fifth one to be born. She remembers when she was little that her father would shine up his lantern and "he'd read to us or we'd read to him if we were able...and he'd say 'would you like to see pictures?' I was just a little girl but I can remember. So I sat up and he opened a bible, course in those days there were lovely pictures in the bible." In Naples, High School was "only 7 miles away but I had no way to go." So, Ellen ended up living with her sister in Boston so she could attend High School. After becoming a nurse, Ellen met her husband-to-be back in Naples. "I was 22 when I got married...I didn't want to marry him but he made it very clear that he would never get married unless I married him. I didn't want to break his heart." They were married 50 years and had two sons. "I think we did all right." Her husband died approximately 10 years ago and Ellen lived in an apartment by herself on Main Street. Last year she had a stroke and her sons decided she should live in an assisted living center.





Jack, an 82 year old widower, was born in Massachusetts. However, he was raised in Westbrook, ME.. His parents grew up in Maine and returned to Maine after his birth to take care of Jack's grandparents. Jack "had a wonderful mother, she was a good woman. She took care of us. She was always there when you needed her...Years ago the families were close. All the relatives seemed to congregate in one place. Today we are all spread out." Jack grew up with a younger brother and an older brother. All of his family members lived close by. Jack married before he went into the Navy. He had a relatively short marriage. "My wife passed away with a stroke. She was young - late 40's. Blood clot. Now that I know what a stroke is all about, I'm kind of tickled that she did go. She wouldn't have wanted to hang around like a sponge." They had a daughter and two sons. Jack appeared frustrated that he doesn't see his grandchildren or great grandchildren more than once a year, if that often. His daughter lives in Texas, she is an air force nurse, and his sons live in Alaska. He had been living on his own until he had a stroke six years ago. "I was going to move to Lewiston. I got my down payment and I had the keys and everything...the mover came and couldn't get in so he went down to the office and they came up and opened the door and found me...I stayed in the hospital a week and Lewiston (nursing home) for three months." He lived with his brother and sister-in-law for three years, "but you feel like you're in the way." Then he lived with a lady friend until she was diagnosed with Alzheimer's. Jack heard about the Assisted Living Center on T.V. and "I put my name in for it." He feels very confined. "The stroke, yeah, I can only do so much."





## Nursing Home:

Franny, 91, was one of 14 children (four brothers and nine sisters) raised in Canada on a farm until the age of 17. She was the baby of the family. "We were happy. The farm was ten miles from the doctor. We had a horse, but when I lived in Canada, I never saw a goat. No goats until I came here [Maine]." It was in the winter that her father decided to move to the United States. The winters were very cold. "We had to warm up the people and warm up the horse." One time when they came home from church it was a "big blizzard. Could hardly see the road and you know the horse don't walk in the snow, they just lay down and wait to be shot there." Her aunt had a baby and "the baby froze on the way to church." to be baptized. "He just died. Her faith is strong." It was the brother-in-law who talked her father into moving. This was no easy trek. At the border, her father was refused entrance into the United States. He had to stay in Canada for about three weeks because he could not read or write. Her father "had to go where he was born and get a birth certificate so he could come to the United States." The family located in Limerick, Maine. Her mother died during their fourth year in the US and her father died four years after that in 1932. Franny married and eventually, she and her husband, Henry, moved to Sanford, Maine and where they had nine children. "They are all living too. My oldest is 70. We never owned a house." Franny's husband died 22 years ago. She remained on her own until "my daughter come with her husband and said I had to come with them." Franny told her daughter that she didn't want to leave, "it's like a corner of heaven here." But they told Franny that "they were going to keep me for the rest of my life." In Franny's late 80's she ended up in a special care (Alzheimer's) unit "my oldest



daughter put me here. She told them that my mind was gone and I was dangerous... I could not walk, I was in a wheelchair. My mind was all right (and still is!). After three weeks, the place called my daughter and told her to come and get me because I was not fit to be there...they could see that my mind was not gone... She was awful mad!" From there her daughter moved her into four different nursing homes before settling in this current nursing home.

Lori, 76, is a native Mainer. Her family owned the town bakery. "It's been there over 80 years. I worked in the front for about 12 years. Even when I was in high school, it was a family affair." Her parents met in the bakery. Lori lived at home until she got married "because he [her husband] worked on lane construction on the roads. That's how I met him. He was working on the Maine Turnpike. Then we got married and we had to travel....My mum says 'oh, you're going to be just like a gypsy.' I said 'no mum, it will be all right.' And of course we ended up in a trailer." After many years and many moves, too numerous to remember, "good golly," Lori and her husband "came home in the wintertime to take care of my mum and dad.... After they passed away the house was mine and we'd come home." Her husband, Daniel, was then diagnosed with cancer and spent his retirement years sick. "He didn't want to be on the road, he wanted to be here. I was thankful for that." Lori's husband died ten years ago. She remained in the house until she broke her leg. She couldn't stay at home alone. "I'd think I had to give up my home, then I got into an apartment. I had to give that up too." Lori is a double, above the knee, amputee, and is confined to a wheel chair at a local nursing home.



### Presentation of Data

Comprehensive, in-depth interviews were conducted with the participants for two reasons, (1) to create a context for my understanding of how each person viewed and dealt with transitions throughout their life; and (2) to create a framework for the concept of “Aging of Place” which I assumed (and rightly so) that no one was familiar with. Five elements of the concept of “Aging in Place” were explored with the participants:

*transitions in life, sense of home, adaptations - ability to adjust, place in aging, and definitions of “Aging in Place.”* A complete analysis of these themes and native concepts was performed but will not be incorporated here due to voluminous amount of data. For the purposes of this paper, I will present the analysis of only one of those themes, *defining “Aging in Place”*<sup>25</sup>.

### Defining “Aging in Place”

Towards the end of each interview I asked the participants to give me their impression of the term “Aging in Place.” None of the participants had ever heard the phrase before. I will present the participants’ data for definitions of or reactions to the phrase and follow with additional reactions, thoughts and/or stories that were generated within the conversations about this phrase. (Appendix B describes the textbook description of “Aging in Place”). This will be followed by a discussion and association of elders’ voices to the gerontological topic of “Aging in Place,” and an integration of the

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<sup>25</sup> For a copy of the complete data transcript contact the author at the University of New England, 11 Hills Beach Road, Biddeford, Maine 04005.





data into the design of curriculum. The Senior Consultants' data will be presented first, followed by the individual interview data.

### Elders' Responses to "Aging in Place"

My questions to each participant were, "Have you ever heard of the term "Aging in Place"?" When you hear the words "aging in place" what do you think of? What does it mean to you? Below, are the responses I received to these questions:

#### a. Senior Consultants:

Jerry: "I saw a picture in my mind of a very old person in a rocking chair. ...and it lowers their control. I guess from my standpoint, as long as I have some control over where I am, I'm not "Aging in Place", I'm aging. If I have to go into confinement in a nursing home, I'm "Aging in Place".

Ted: "I'm doing things and I'm busy and I'm enjoying being busy doing them. But, if I get to a point where the only thing I have to do is lose [my] ability to read and you're losing your hearing and you're sitting in place, that's "Aging in Place" to me."

Jan: "that's being half dead as far as I'm concerned."

Henry: "'Aging in Place' is a control thing. It means you're losing control and your sphere is getting smaller and smaller and smaller."

Penny: "To me, "Aging in Place" is like you're in a nursing home or with one of the members of your family. I don't like the connotation of that. I hope I die suddenly before I get to that place."



Deb: “‘Aging in Place’ is a gobbledygook word that’s trying to be nice... [It] means that they take this group of people that are 60 and they’re going to study them until they are 85 and they’re going to be in a place where they will be studied.”

Ralph: “It’s almost like at a certain time you have to go into the convalescent home and you can’t do things. It’s too confining for me.”

b. Individual Participants:

House Owners:

Peg: “It sounds very stagnant to me... Saying ‘in place’ sounds like you were set somewhere and I don’t know. It’s a very strange expression.”

Daniel: “I guess, knowing what you are capable of doing and doing it without overdoing it or under doing it.

Fred: “[I think] that means you age at home. Its a good idea, but you need support”

Apartment Renters:

Anne: “It’s like they’re sticking you someplace and they’re just waiting for you to grow old and fade away. I don’t think I could. It sounded like just somebody sitting you right there and that’s it. Just age away!”

Hank: “To me when you age...don’t sit and watch the boob tube. Don’t age in the chair. You go downhill as far as I’m concerned. I think it’s the mind.” According to Hank, “Aging in Place” means being inactive and having a poor attitude.



### Assisted Living:

Beth: "I don't really know." Then Beth stated that her preference for aging is to be in her own home. Home now is her apartment in the Assisted Living Center.

Jack: "An elderly person doesn't want to lose their independence. They don't want there to be a certain time to have to go to eat, they want to eat when they want to eat." Jack believed that "Aging in Place" means people lose their independence.

Ellen: "Well, it means you're just sitting still doing nothing, letting the world go on around you, I would think.

### Nursing Home:

Lori: "You're old, you're aging, you should be in a [nursing] home. They're inactive. But that isn't the way it should be, is it?

Franny: "It makes me think of home. There is nothing that can replace home."

### Other Reactions and Thoughts about "Aging in Place"

After having some time to think about this concept, some of the participants outwardly processed their thinking. The following captures some of their thought processes or conclusions about "Aging in Place" and how they may or may not relate to it.

#### a. Senior Consultants:

Henry equated "Aging in Place" with a shrinking environment. "You're in control



of what you're doing [so] right now you have a circle of so large (Henry made a big circle with his arms)...but as you get older that circle is going to get smaller and smaller and smaller and I'm not sure that it really means that much to the person because as they get older. You get to the point where you're in the hospital permanently. ...but as long as they're in control, of what they want to do, they don't feel displaced by it. Once you get to the point where you're no longer in control, I think [you're] "Aging in Place".

Ted appeared to agree with the idea of there being a circle or "sphere." He believed that mobility ought to be part of "Aging in Place" somehow. "We all want to be able to move outside of a place into part of a larger sphere."

Jerry expanded his thinking about this concept. As he thought about it, he then equated "place" with "location" and "'Aging in Place' is the location that I'm aging in and the place is my home. That's where I'm doing my aging. I'm located in that place, that's my home and so "Aging in Place," to me, is getting older at home. It's a neutral term. I don't have any emotions about it. It's reality. That's the way it is." I asked Jerry if he would prefer to age in his home and he said, without hesitation "absolutely!"

Deb mentioned to the group that she was younger than the rest of them and viewed herself as being a "bit of a rebel." She was thinking along the same lines as Jerry. Deb restated her feelings about home, "I spoke about what home means and that is that - I'm my home, so I'm my place also."

Upon hearing the "industry" definition of "Aging in Place", Penny's final observation sums up the issue with "I don't think you can use "Aging in Place" as one definition. It's too wide – the concept. I vote [that] we change it!"





b. Individual Participants:

House Owners:

Peg felt that “anything in place for me doesn’t work. This [her house on the ocean] does now. I fully intend to be here for the rest of my life. “Aging in Place” just sounds awful to me and I don’t know what they are trying to say.” Peg took out added insurance two years ago “...if it works out the way I planned, I could stay here and have outside help. Somebody to come in to help.”

Fred mentioned that from his experience at the senior citizen center and their program of calling elders to check on them, that some people would rather die at home and others would really rather not. Fred feels that older people need to feel independent and that they have choice. “I think their perception of them going to a facility, like a nursing home or assisted living, they think that they will be just waiting to die. Plus the cost, it’s very expensive. In order to age in place you can be by yourself, but you have to have contact with people.” When asked what Fred would prefer, “I guess I’d probably stay at home and ask for a volunteer service, although I’m very independent.”

Daniel felt that when people go into a nursing home, “I don’t think you’ll do your utmost in those places. I don’t want to get dependent. It will be necessary maybe, but I’m not ready. I might be a little difficult to have it proven to me that I needed somebody but I don’t think I’d be opposed to it.”

Assisted Living:

Jack stated “that an elderly person doesn’t want to lose their independence.” He



went on to say, “It would be wonderful if older people could go back with their children and not be a bother.”

#### Nursing Home:

Lori equated “Aging in Place” with inactive people in a nursing home. But she countered that “Of course, I have to be here. I have no way of getting around. But you stay here longer and it’s depressing at times. They put them out in the hall and the poor souls, they don’t know where they are and that is depressing. So I come in my room.”

Lori may not be able to walk but she mentioned that she still has her mind, “but how long am I going to have it?” was the question that was pressing for her.

#### Thoughts about Entering a Nursing Home

In two of the interviews I had the opportunity to ask the participants for their thoughts about how they would cope if they were confronted with going to a nursing home to live. This question was not included in the original template of questions.

Peg felt that if she did go into a nursing home, “I think you would learn to accept it and probably like it because I know a lot of people at Huntington are very happy there (this is a very prestigious continuum of care facility). I’m sure as your world shrinks, and it does if you’re not too well, that you’d accept that. Actually, I find it difficult to picture myself in a place like that. But everything else has happened for the better. I’ve adjusted.... I think you’d adjust. Some people don’t. I’m not afraid to die and I think that’s because of Bill (her deceased husband). I expect to find him and I’ll chase around until I



do.”

Beth said, “I would hate to go into a nursing home but I’d rather do that than have my children have to take care of me. If I did go I would choose the Barron Center [where her husband is]. They have very good care up there and it’s a very nice place.”

### Franny’s Ultimate Sense of Home

Near the completion of my last interview, I asked a question I had not asked any of the other participants. Although spontaneous, it intuitively felt important to ask the question, I went with the feeling. I asked Franny if she was afraid of dying. Without hesitation she answered, “I died once.” At first, my internal reaction was perplexity. Was Franny using death as a metaphor for her experiences in past nursing homes or has she, in fact, died before? Franny continued to explain what dying was like. “It’s nothing, I went in a big hallway. It was dark, I was not afraid, I didn’t see God, I didn’t see any light but what I can tell you, it was so peaceful. There was nothing of my family or the world. It was so peaceful. I think what it is, is peaceful that you never see on earth. Even if you’re happy, you can’t have that peace. I think that’s what heaven is. They say that in the Bible.” Then, Franny let me know that she had a stroke about 15 years ago and that the doctors worked on her for 5 hours. “The priest said he’s like me, he’s not afraid of dying. It’s so peaceful. It’s something I can’t describe. Nothing in your head, it’s all white.” And Franny’s *piece de resistance*:

“That’s really going home.”





### Association of Elders' Voices to Curriculum

Upon examination, the richness of these elders' answers adds several new dimensions to the concept of "Aging in Place." Rather than merely viewing "Aging in Place" as a policy issue and/or service model, it became multi-dimensional and personal. For health and human service providers and policy makers the term symbolizes aging in your home, and yet most interviewed elders (88%) did not define it in this way. In the context of these interviews, perceptions among 15 of the 17 elders were comparable. "Aging in Place" was perceived as a life sentence, a shrinking world, a catalyst to talk about death, self, family, living arrangements, and physical abilities. Only two of the elders perceived "Aging in Place" to be about home. This epitomizes the discrepancies that are prevalent between gerontological theory and the perceptions of elders. Elders' views present additional perspectives to students from which to critically examine gerontological theory. Reflection based on broader perspectives enables students to critically evaluate his/her own beliefs and practice. In addition to discovering a misunderstanding of the "Aging in Place" term, what's important are the positive statements regarding aging spoken by the participants.

### Integrating the Data

Faculty are posed with decisions about how to integrate elders' personal experiences and perspectives with gerontological knowledge to promote student learning and comprehension about "Aging in Place." Some options to achieve integration of elders' data into the class include (1) creating case studies from the transcripts; (2)



designing problem-based learning modules; (3) charting elders answers for group discussion; (4) presenting data in audio form for discussion; (5) offering faculty experiences and anecdotal comments about data collection; and/or (6) presenting data to other elders to discuss and chart increased range of views which can then be shared with students. (See Appendix J for an example of a curriculum model for “Aging in Place”). The fact of the matter is, that curriculum design is only limited by the faculty’s imagination.

The following illustrates a class discussion on “Aging in Place” using the interview data to create the contradiction between the health care industry and elders’ perspectives. Excerpts from two of the informants’ data is cross referenced with questions about “Aging in Place” to generate dialogue and critical thinking with students.

Mini-case presentation: Franny (91) and Lori (75) have some similarities, they have no money, they both live in a nursing home, they cannot transport themselves, and they have no immediate family to care for them. Franny has “lived” in five nursing homes in the past year. At the nursing home prior to where she is now, she lost 49 pounds, she states that it was from “lack of care and bad food.” In her current nursing home, she shares a sparsely furnished room with a roommate. Franny has a 4' x 4' cabinet next to her bed that her daughter gave her. For Franny, this is enough to make her room feel “homey.” She views “Aging in Place” as positive, “It makes me think of home. There is nothing that can replace home.” She also stated that “this is my home now.”

Lori lives in the same nursing home. She has lived there for 4 years after



becoming a double amputee. It was important to her to have a rocker in her nursing home room, because she was raised with a rocking chair in her kitchen since she was a little girl and “this is my home.” She cannot use it due to her physical limitations. Lori views “Aging in Place” as “you’re old, you’re aging, you should be in a nursing home. They’re inactive.” She talked about how the residents are lined up like cattle waiting to be herded in and how they sit in the hall staring. “It get’s real depressing, you know? So I come back into my room.” Her definition of “Aging in Place” does not include herself. She considers herself unlike the other nursing home residents because she still has her mind and she makes the most of things.

#### Discussion Questions:

- 1) What would the “Aging in Place” policy model and gerontological theory suggest about these women?
- 2) What evidence supports that interpretation?
- (3) How do the women themselves support or refute that interpretation?
- (4) What are the practice implications?

These questions are important for students to think about, discuss, and manage. “Aging in Place” is no longer an abstract issue when real people are connected to the outcomes. One can feel the emotionality of this issue even with a small sampling of the data.

“Aging in Place” is a larger topic area than what was illustrated above, Hence, the additional data addressing transitions in life, sense of home, adaptation, and place in aging. “Aging in Place” can then be studied from the perspectives of self, family, life, and



society. The fact of the matter is, there is no textbook or article that offers resources like this for curriculum design. In addition, without elders' views, a concept like "Aging in Place" remains abstract, static, and one-dimensional.





## CHAPTER VI

### Recommendations for Using the Model

The keystone of this model is utilizing elders (Senior Consultants) to design the curriculum prior to presenting it in the classroom. It is assumed that the Senior Consultants are a relatively small, but stable group with whom the faculty confer. The model also supports augmenting the perspectives of the Senior Consulting group with that of other elders to expand the breadth of elders' life experience brought to the curriculum. This chapter will offer suggestions to faculty for (1) acquiring additional elders' voices; (2) preparing students for practical experiences; and (3) continuing the model.

#### Suggestions for Faculty

The central argument of the paper has been that a gerontology curriculum should be built upon the tenets of critical gerontology: older peoples' voices, experiences, self-reflexivity, and the attainment of emancipatory knowledge (Moody 1988). In turn, suggestions are offered with these same tenets in mind.

##### a. Acquiring Elders' Voices:

The following suggestions include ways to acquire elders' voices and reduce the time investment for faculty. Ideas are not listed in a particular order, nor is this a comprehensive list.

(1) Focus the interviews - Interviews can be shortened by addressing limited or specific topics and/or by directing the interview with questions focused on specific



teaching objectives. While depth of inquiry will be sacrificed, elders' answers can be essential to students' understanding older peoples' experiences and perspectives.

(2) Select information for class presentation - At the risk of losing context, the faculty can select which quotes from lengthy transcriptions; and/or audio-tapes can be cued and played in class. Selected excerpts should be accompanied by a transcript for students to follow in the event the audio tape is difficult to hear.

(3) Use video-taped interviews - Video-tapes have the distinct advantage of offering visual and auditory information. Seeing the individual, and especially if seen in his/her normal environment, greatly enhances students emotional, as well as cognitive, learning. Editing the video-tapes is time intensive and can be complex.

(4) Conduct group interviews - The small group interview is efficient in terms of travel time (being able to go to one site rather than a number of different locations for individual interviews) and getting a variety of perspectives in a short amount of time. Small group interviews may limit the diversity of the group, for example, an interview conducted in a nursing home would preclude elders from senior centers or single family residences.

(5) Conduct a nominal group - This form of group interview offers older people an opportunity to express their views and rank order them. This information tends to be in the form of bullets which can be written on charts to be shared with the class. While this approach is time and cost efficient, and fairly comprehensive, it lacks the presentation of elders stories and contextualized elders' perspectives.

(6) Assign interviews to students - Students can conduct one or more interviews



related to specific topics as part of their course assignments. It is important to set up consistent parameters and directives for the interview process. Ask students to evaluate the process so adjustments can be made in future interviews. Each interview should be audio-taped, transcribed and added to the course archive.

(7) Invite elders as class participants - either faculty or students can invite elders to class. This has always been a rich experience in my classes. A number of factors influence how easily this can be achieved: the days, times, and duration of classes; transportation for older people; health limitations; ambulation; physical and mental capacity; etc.. It is helpful to the elders if you prepare an outline and brief them on the class goals and objectives, their role in class, and topics to be discussed. This should be written in 16-point font and presented in user friendly language and format.

(8) Take students to elders - Offer the course in a nursing home, assisted living center, or senior citizen center. Offering courses in group housing environments enhances the opportunity for less healthy older person participation. A relationship must be established with the facility director and there may be associated costs/rental fees, space limitations, or time constraints to be negotiated.

(9) Use traditional educational resources - Incorporate the 'old' standby of memoirs and other materials written by older people, or show videos and movies featuring elders' issues and perspectives. I have found these resources to be excellent additions to working with older people, but insufficient when used separately. However, using elders' voices in any capacity is better than having no representation at all. Often times, written materials represent well educated, middle to upper middle class elders.





Movies/videos, especially the newer ones, tend to offer a variety of perspectives and address a number of elder issues. In addition to being expensive and often times not offering the context, they are limited in that they don't allow the student and individual elders to pursue mutual understanding through dialogue.

b. Preparing Students for Practical Experiences:

Reflections on experiences with the participants in this study has resulted in my adapting a learning process proposed by Schon (1987). Faculty awareness of “teacher as coach” process will assist in guiding students’ experience with older people so as to help them understand and be able to critique their own practice. According to Schon, there are situations that arise during practice that are partly in-determinant but must be made “coherent.” One must learn to:

...impose a kind of coherence on messy situations and thereby discover consequences and implications of their chosen [situation]. From time to time, their efforts to give order to a situation provoke unexpected outcomes – ‘back talk’ that gives a situation a new meaning... it is this on-the-spot experiment, detection of consequences and implications, back talk and response to back talk, that constitutes a reflective conversation” (1987, pp. 157-158).

Practical experience may be the best preparation in addressing the following:

(1) Working with older people is a kind of “knowing-in-action.” It is possible to describe the system, structure, and practice of working with older people’s issues, but



until an older person is communicated with and his/her uniqueness is discovered by the student the answers needed are not known. The application of systems, structures, and/or practice with each older person must be mediated by the art of reflection-in-action. Only then can answers be considered.

(2) Working with older people is a holistic skill. One must deal with each person as a whole being in order to understand the whole person. One cannot learn about the parts or smaller units of issues and topics in gerontology and apply those to parts or units of people. Each topic or issue must be integrated with the whole person in order to gain understanding and derive meaning of the person's situation.

(3) Working with older people depends on ones' ability to recognize and appreciate what are viewed as desirable or undesirable effects by the older person. For example, if students have not been exposed to the reactions of older people to issues and practices occurring in their lives, they will be unable to reflect on how to attain the best possible outcomes *with* older people.

(4) Working with older people is a creative activity. Ones' reflective conversations with older people can yield new discoveries, meanings, and insights. No description or demonstration of practice can enable a person to make the next discovery without engaging in his/her version of praxis. If it were fully describable in advance, it would not be new or warrant creativity (Adapted from Schon, 1987, pp. 158-162).

The teaching/learning experience of both the faculty and students is unique to the specific circumstance. Working with a Senior Consulting team will be different for each person who adopts this model. Students' experiences with elders will continue to be a



learning experience because elders are unique individuals. Faculty can coach students through the process, but each situation offers new learning opportunities.

c. Continuing the Model:

The Senior Consultant model described here has been in progress for approximately one year. The original group is interested in continuing to work with the gerontology certificate program. Additional elders have expressed an interest in being part of the group. Although we have not encountered participant turnover, we have considered the possibility. True to the philosophy of this model, the Senior Consultants contributed their ideas on how to continue this group. They identified four criteria for group and individual consideration: (1) how well the group works together; (2) the level of commitment of each member to attend meetings, share their stories, and assist with community connection (contacting other elders) for the gerontology program; (3) their availability to attend at least one class per semester; and (4) self-expressed desire and/or ability to continue working with the group. Based on these criteria, nine of the original twelve Senior Consultants decided to continue. Recommendations and nominations for three additional people are being discussed. Contact with group nominees will be made in one of two ways, (1) the elders will contact the individual personally and I will follow up to further discuss the project; or (2) at the request of the elders, I will make initial contact with individuals.

The next phase in our Senior Consultant program is to review and evaluate the one year, 18 credit hour gerontology certificate program curriculum, and to continue to





review gerontology syllabi and topics for the classes. This ongoing process will generate new content and expand or change existing content. The process is dynamic and change is expected as the Senior Consultant group transforms and brings in new experiences and personalities. It is expected, however, that the Senior Consultants' will continue to serve as volunteer Teaching Associates of the Gerontology Certificate Program. They are invited to class potluck dinners at the end of the semesters, and are invited to the private graduation event for certificate students held each July.

### Building Connections with Older People

When working with any group of people, common sense is the best advice. In my experience, I have found the following to be helpful in working with older people:

(1) Be sincere and direct. It is important to let them know, up front, what you expect from them.

(2) Be consistent and supportive. This is a new situation for many older people. Our education system has not included elders' voices in curriculum design in the past.

(3) Create a safe learning environment that supports exploration and discovery. I have found that the older people I have worked with, genuinely want to be helpful and like being part of the process of discovery and learning.

(4) Inform participants and send thank-you notes when appropriate. The Consultants always appreciate receiving reminder letters and questions to think about for upcoming sessions. Common courtesy should always be extended.

In addition, establish new relationships and partnerships with older people, as well





as with people in the elder care and elder service professions. Engage them in your project. Get people excited about the prospect of what you are doing. This model is critical gerontology in action. As elders claim their own empowerment, this will have positive outcomes not only for the elders, but also for those who provide care to or work with older people.

Because the intent of the model is based on integration of gerontological knowledge with elders' life knowledge, the proposed model gives ample opportunity to solicit elders' life knowledge in a variety of ways – student involvement included. This gives rise to the need for faculty creativity and imagination to improve and/or expand the proposed model and continue to match the evolving emergence of gerontological theory with practice. This model for gerontology curriculum design in higher education offers the starting point.



## CHAPTER VII

### Conclusion

#### A New Model for Gerontology Curriculum Design

Although there are older people who are physically frail, some who cannot make decisions for themselves, and some who need protection or substantial assistance, these older people represent the minority in our elder society. The overwhelming majority of older people have the same abilities as other independent adults. And, when older people are encouraged and supported to “seek autonomy and participation in decision making, they do not perceive themselves as clients or patients. They are not willing to abandon their judgement for the judgement of others and want to maintain control over their own destiny” (Thursz, 1995, p. xi).

It is through elders’ voices that we can derive meaning from the lives that they live. The only “truth” of old age that we can know is what elders tell us, because we are unable to “walk in their shoes.” This study illustrates the breadth, depth, and diversity of information that can be attained through interviews with Senior Consultants and individual elders. It is the philosophy of this model to facilitate students integration of gerontological knowledge (theory, data, textbook learning) with elders’ personal knowledge (experiences and perspectives) through direct and indirect involvement with elders. The premise is that the proposed curriculum model will both promote student integration of theory and practice, and support elders’ empowerment. This model provides a framework for insuring students grounded theory and practice by (1) making



learning relevant and anchoring their gerontological knowledge in elders' personal knowledge; (2) increasing experiences with elders; (3) providing opportunities to test, challenge, and evaluate personal and professional attitudes and assumptions related to the elderly; (4) illuminating the lived experiences of younger with those of older people; (5) critically examining differences between gerontological concepts and principles, and elders' experiences; and (6) providing opportunities for reflection and action. Blaisdell (1993) states:

Integration of knowledge is as critical to the understanding of our world as the discovery of new knowledge. In fact, the extension of specialization requires new forms of integration. We need scholars who can synthesize, look for new relationships between the parts and the whole, relate the past and the future to the present, and ferret out patterns of meaning that cannot be seen through traditional disciplinary lenses (p. 57).

The principles of this model can be applied to health care, housing, policy development, and other arenas that affect older people. As the baby boomers stand at the edge of the third age, elders are destined to become more powerful as we advance into the next millennium. It does not serve our society to remain locked in past gerontological paradigms. Hostility between the generations could result from sheer ignorance alone. This country is in the midst of change concerning older peoples' participation in important institutions throughout our society. As exemplified by the efforts of the AARP, this change is being led by changing roles and increasing influence of older people in the political system. As Teagan states "Because much of the power in society concentrates in





political institutions, changes in political culture have a ripple effect on many other institutions, including higher education” (1996, p. 185). Elders’ rapidly rising political role in society suggests that elders’ voices will become stronger and more powerful. Why not include their voices in education as well?

So the question may well be: “Can we, the faculty of gerontology programs, release our grasp on prevailing out-dated theories, methodologies and perceptions of aging, and traditional pedagogy to make room for a critical gerontological and andragogical approach to gerontology education?” Once elders’ personal knowledge is part of gerontology curriculum design, only then will an informed answer emerge to the question – ‘what does it mean to grow old?’ Older people hold the reality driven content of aging – a dynamic “truth” that textbooks are unable to impart. So, as a result, “the most important component of gerontology education is the provision of opportunities – structural and contextual – for gaining a better understanding of [aging] through closer contact with older persons. The need for humanistic, self-constructive foundations for curriculum design in gerontology is [needed]” (Prager, 1997, p. 1).

It has been demonstrated that involvement of older people in gerontology programs challenges prevailing paradigms of aging (Regan & Fazio, 1977; Tiller & Fazio, 1982; Zanna, Olson, & Fazio, 1981), and a combination of personal experience with textbook learning promotes knowledge and understanding about older people (Murphy-Russell, et al., 1986; Hamon & Koch, 1993). Reflexivity can unify curriculum elements so that students can extend beyond specialized domains of knowledge to social problem solving.



The suggested model is "...a process that transmits culture, ... provides alternative views of the world and strengthens the will to explore them" (Bruner, 1962, p.115-117). It takes the field of gerontology and applies elders' voices, wisdom, perspectives, and experiences to evolve, expand, transmit, and develop the field beyond the textbook. Through communication, understanding, knowledge, inquiry, theory, application, practice, and evaluation students visit the way older people live and critically assess ways to better serve elders in the students' new professions.

"If we can find the sources of meaning held by the elderly and see how individuals put it all together, we will go a long way toward appreciating the complexity of human aging and the ultimate reality of coming to terms with one's whole life" (Kaufman, 1987, p.165). Practitioners, policy makers, those who spend time with older people, and even some older people themselves, would benefit from developing an understanding of the desires of older people, as well as increase their sensitivity to issues which impact older people. The time has come to apply lived experiences within our gerontological educational curricula. The expected outcome is that those who work with our older population will recognize self-determination, individuality, purpose, and aspirations of older people and come to realize that older people have value, meaning, and voices – something important to say. This outcome cannot be achieved without challenging past practices, paradigms and theories.

This study has proposed a new model for gerontology curriculum design. The model involves elders at two levels: designing gerontology courses/programs and participating in the students' learning experiences. The proposed model was illustrated



through curriculum design for the topic of “Aging in Place,” but can be applied to any level of curriculum design or program development. Students can learn through direct experience with elders, or through the transcripts and voices captured during the curriculum design process. The proposed curriculum model is framed within progressive and confluent curriculum ideologies; thereby, supporting experiential learning, personal growth, integration of attitudes, feelings, emotions, and relevance.

Successful integration of gerontological knowledge with elders’ experiences and perspectives is paramount if students are to understand and work effectively with our older population – now and in the future. The fact of the matter is, that by the time “we” reach our old age, we will know if we have been successful educators – because our students will be the ones serving us!



## APPENDICES





## APPENDIX A

## Template of Interview Questions

These questions may or may not have been used. They merely acted as a template if I needed to feel an anchor. The important part was to have a dialogue with each participant about each of the concepts.

**Concept: Background Information**

1. Name, age, where they were born (town city state)
2. Married/Single/Widow and children - living/deceased?
3. Describe what it was like growing up

**Concept: Transitions/Moving**

1. Begin to ascertain a time line of where they were born and the places they moved to as they were growing up.
2. Continue this into adulthood and old age
3. Be aware of transitions that may be part of personal life events (retirement, death, loss, military service, job changes, moves, etc.) and historical societal events (Depression, war, Influenza, etc).

**Concept: Sense of Home**

1. Describe your home when you were growing up
2. What made it feel like home
3. Does that still apply to you today
4. What does home mean to you? How would you define it?



5. What needs to be present for a house to be a home?

**Concept: Adaptation - Ability to Adjust**

1. Describe a time in your life that you were particularly challenged

2. How did you cope when this happened?

3. What steps did you take? What strategies did you use?

4. Did you receive support during this time?

By who or what?

Note: Be aware of their past ability to face a challenge as compared their ability now to face a challenge or adapt to new situation

**Concept: Place in aging**

1. How do you view your own aging process?

2. How do you feel about aging?

3. What works and/or what is challenging about aging?

4. Have you reached old age yet? if yes, in what ways; if no, when do you think you will become old?

**Concept: "Aging in Place"**

1. When you hear the words "Aging in Place" what do you think of? What does it mean to you?

2. What does place mean to you? (may need to break down aging and then place)

3. Offer the industry definition of "Aging in Place" and have them respond to that.

4. Would you like to age that way? Why or why not.

5. Do you have a better term to describe this kind of aging.



## APPENDIX B

## “Aging in Place” Overview

“Aging in Place” (Tilson, 1990; Callahan, 1992) is a fairly current term that has become fashionable in the field of gerontology. It follows in the footsteps of such popular terms as “successful aging” and “continuum of care” (Rowles, 1994). As with all popular terms, there is an evolution that occurs in defining these terms. In its earliest form, “Aging in Place” meant that older people would grow old in their homes. It has become a policy issue because of the explosive growth of home ownership after World War II, and “the perception that thousands of older people have been flowing into nursing homes unnecessarily when they can and should remain in their own home or apartment” (Callahan, Jr. 1993, p. 1). More recently, “Aging in Place” encompasses growing old in a “residential” setting rather than an “institutional” setting. It is often associated with the frail or infirmed older population. This latter definition certainly extends beyond aging in one’s “home” or house/apartment. It now includes assisted living, boarding homes and even some nursing homes providing they are located on the same “campus” as the assisted living site that the older person first transitioned to. Of importance is that “Aging in Place” has yet to be defined in a way that has been agreed upon by professionals within and across the fields of health, human services, and gerontology.





### Evolution of “Aging in Place”

Two factors within our American society affected the evolution of “Aging in Place”. First, the roots of “Aging in Place” began back in rural and preindustrial America when mobility was limited. It was common for people to spend their lives in or close to the communities in which they were raised. Often times people were born, lived, and died in the same dwelling. As a result, older people had a strong sense of ownership and attachment to their homes and communities, it was all they knew. The younger generations were expected to care for the old when the older members could no longer provide for the family.

Innovations in transportation, industrialization, and transitions in traditional family mores increased the mobility of the younger American generation during the early part of the 20<sup>th</sup> century. World War II was the impetus for home ownership and the growth of suburbia. Adult children left their family farms to move to the cities and claim their homes. With this virtual “explosion” of home ownership came the opportunity to create one’s place rather than to inherit it. “Place” took on a different meaning from the earlier agrarian society. By the 1980's, attaining the American dream of a house in the suburbs was the legacy of success. This trend has continued into the 1990's. Of the 20.8 million households headed by older persons in 1995, 78% were owners and 22% were renters. About 53% of homes owned by older persons in 1995 were built prior to 1960, more importantly, about 80% of older homeowners in 1995 owned their homes free and clear (Administration on Aging, 1995). As a result of these trends in housing for older adults, “Aging in Place” is now considered the underlying rationale for contemporary



elderly housing policy.

The second factor in the evolution of “Aging in Place” involves the dominant image of aging during the 1950's, 1960's, and 1970's. According to Rowles (1994), “this era was pervaded by the ethos of [the] disengagement theory, a time when the image of the elderly...[as] vulnerable and needy became deeply ingrained in public consciousness” (p. 119). Rowles (1994) stated that two trends reinforced this image of aging: (1) “... the emergence of highly visible segregated housing options, ‘special’ housing for the elderly became a significant component of the urban landscape” (p. 119), and (2) a massive growth of the nursing home industry occurred during this time which reinforced the frail and vulnerable view of the aged. The image that as one ages, one’s later life will be characterized by relocation to special environments for aged individuals, was considered to be a normal or expected part of the aging process, since families no longer cared for or lived with their old.

### Place in Aging

It is now presumed in American society that growing old in a familiar environment is desirable. According to Rowles (1994), at the heart of the “Aging in Place” concept is a belief “...that older people, particularly as they grow more frail, are able to remain more independent by, and benefit from, aging in environments to which they are accustomed” (p.115). Tilson and Fahey (1990) purport that “one’s home is intertwined with aspirations about family and friends. It is a place of memories and of hope. It is a place of identity. It is a manifestation of one’s power to choose, to exercise



autonomy” (p. xv).

Remaining in the familiar setting of one’s home creates the benefit of residential stability, as compared with the high stress one experiences when faced with the task of moving (Rowles, 1994). For older people, this is exacerbated by the fact that they often feel a need to relocate to progressively more supportive environments, rather than being offered the choice to remain at home.

“Aging in Place” is composed of several issues: (1) the aging of the individual and the changes in function, income, marital, and health status that are associated with aging; (2) the aging of the residential environment, including both the residence itself and the neighborhood and community in which it is set; (3) the changes over time in the “fit” of the individual to the residential setting; and (4) an emerging social policy that implies a set of goals for long-term care, housing, and social service programs” (Pynoos, 1990, pp. 167-168; Tilson and Fahey, 1990, p. xvi).

According to Tilson, (1990) there are a number of circumstances which contribute to whether an older person can continue to live in his/her own home or apartment. One circumstance involves whether the older person has a spouse, companion, or family member who can help him/her shop, do laundry, prepare meals (IADL’s) and/or bathe, dress and move from a bed to a chair (ADL’s). Second circumstance is if the older person has sufficient income to purchase formal in-home assistance to supplement or substitute for informal care; and third, whether it is even possible to obtain satisfactory in-home care in their community.

What must not be forgotten is that the quality of older peoples’ lives is often



intertwined with where they live. According to Sykes (1990),

Over time the significance of “home” increases as older people face the loss of other symbols of independence and connections to the mainstream of life. Nearly every study affirms the conventional wisdom that older people strongly prefer to “Age in Place,” to grow old within familiar territory that has provided a context for their lives, whether they live in single family dwellings, elderly housing complexes, or naturally occurring retirement communities” (p. 53).

The definition of “Aging in Place” is still evolving in the vernacular of health and human service professionals, and public policy is still being formed. Of importance is that we insure efforts to understand and maintain an older person’s sense of home and of “self” to fully define “Aging in Place” for each person. As stated by Rowles (1994), “as we embrace a societal image of “Aging in Place”, we must not neglect the role of personal images of place in aging (Rowles, 1994, p. 123).

Ironically, the term “Aging in Place” is not commonly understood by health and human service professionals in the field of geriatrics/gerontology much less the older people who are suppose to be the ones making decisions regarding where they want to age.





## APPENDIX C

## Introduction for Interview

At the beginning of each interview I shared the following points in narrative form:

- a. I was going to school at Lesley College in Cambridge to get my doctoral degree.
- b. I am currently working at the University of New England where I teach gerontology courses (in some cases I defined gerontology or talked about gerontology vs. geriatrics).
- c. I talked about what I wanted to do with my degree and this research.
- d. I also explained in greater detail what this research was about and their role in it.
- e. I talked about the process of taping the session and what I will do with the tape.
- f. I offered to send a copy of the transcript to them when I was done with my project.

Only two of the participants had an interest in this.

- g. I let each participant know that I had various questions to ask but in no particular order.

The interview was meant to be a conversation rather than a question and answer session.

- h. I stated how they could ask me anything they wanted to at any point. I offered this because I didn't want to appear that this was a one way street.



## APPENDIX D

**INFORMED CONSENT FOR QUALITATIVE RESEARCH STUDY****Lesley College Doctoral Program**

**Title of Project:** Designing Course Curriculum for Higher Education Gerontology Programs with the Involvement of Adults Over the Age of 65: A Case Study

**Doctoral Student**

**Researcher:** Marilyn R. Gugliucci  
XX XXXX Rd..  
XXXX, Maine

1. This section provides an explanation of the study in which you will be participating:

A. The study in which you will be participating is part of the research intended to describe the process of how to involve older adults in designing curriculum for higher education gerontology programs.

B. If you agree to participate you will be interviewed by me for approximately one to one and half hours. You will be asked several questions about your life in the past and your life now. Your answers, together with approximately 16 others, will be used to help design the process of how to involve older people in gerontology curriculum development.



C. This study will involve the use of audio tape recording. The interviews will be transcribed by a professional transcriptionist. All identifying information will be removed from the transcripts and a pseudonym will be used in place of your name.

2. This section describes your rights as a research participant:

A. You may ask any question about the research procedures and these questions will be answered.

B. Your participation in this research is confidential. In the event of publication of this research, no personally identifying information will be disclosed. You have the opportunity to chose your own pseudonym if you wish.

C. You are not required to answer the questions. Please answer only those questions you are comfortable with. Please let me know if you would like a question restated or asked in a different way if I have confused you.

D. If you get physically tired or uncomfortable, please let me know. We can take a rest or reschedule for another time.

3. This section indicates that you are giving your informed consent to participate in the research:





I agree to participate in a qualitative research study for a dissertation with a concentration in gerontology and I understand it is an authorized part of the education and research program of Lesley College, Cambridge, Mass.

I understand the information given to me and discussed with me and I have received answers to any questions I may have had about the research or the procedure. I understand and agree to the conditions of this study as described.

I understand that I am assisting a doctoral student with her research and I will receive no compensation for participating.

I understand that my participation in this research is voluntary and that I may withdraw from this study at any time by notifying the person in charge.

I understand that I will receive a signed copy of the this consent form.

---

Signature of Participant

---

Date

**Researcher:**

I certify that the informed consent procedure has been followed and that I have fully answered any questions from the participant named above.

---

Signature of Researcher

---

Date



## APPENDIX E

## List of Project Nodes

**Q.S.R. NUD.IST Power Version, Revision 4.0.**

Licensee: Marilyn.

The following is a print out of the node list that I generated in the NUD\*IST system. The numbers on the left are the node addresses. NUD\*IST organizes by addresses and not by themes (nodes). Proper node addresses were critical to accurate searches. Luckily this system has a built in “select,” which means I could always access a list of addresses rather than having to memorize them or check a master list. When there is one number (1) that is considered to be the “parent” node or the root node. The double numbers (1 3) - note the space- this is considered to be a child node or sub node of the root theme.

The information on the right is the titles or names of each node. I created these from either native concepts or themes that overlapped within the interview transcripts.

PROJECT: “Aging in Place”, User Marilyn, 9:40 pm, Jan 11, 1999.

(1)	/Age
(1 1)	/Age/60s
(1 2)	/Age/70s
(1 3)	/Age/80s
(1 4)	/Age/90s
(2)	/Gender
(2 1)	/Gender/Male



- (2 2) /Gender/Female
- (3) /Residence
  - (3 1) /Residence/House
  - (3 2) /Residence/Apartment
  - (3 3) /Residence/Assisted living
  - (3 4) /Residence/Nursing home
- (4) /Function
  - (4 1) /Function/Ambulatory
  - (4 2) /Function/Semiambulatory
  - (4 3) /Function/Nonambulatory
- (5) /Origin
  - (5 1) /Origin/Native
  - (5 2) /Origin/Nonnative
- (6) /Health
  - (6 1) /Health/Excellent
  - (6 2) /Health/Good
  - (6 3) /Health/Fair
  - (6 4) /Health/Poor
- (7) /Living status
  - (7 1) /Living status/Alone
  - (7 2) /Living status/Spouse
  - (7 3) /Living status/Roommate
- (8) /Data types
  - (8 1) /Data types/Individual
  - (8 2) /Data types/Group
- (9) /Family
  - (9 1) /Family/Siblings
  - (9 2) /Family/Parents
  - (9 3) /Family/Grandparents



- (9 4) /Family/Spouse
- (9 5) /Family/Children
- (10) /Kind of Life
- (10 1) /Kind of Life/Hard
- (10 2) /Kind of Life/Simple
- (10 3) /Kind of Life/Good
- (11) /Sense of Home
- (11 1) /Sense of Home/Feelings
- (11 2) /Sense of Home/Material
- (11 3) /Sense of Home/Creating
- (12) /Transitions
- (12 1) /Transitions/Home
- (12 1 1) /Transitions/Home/Assisted Living
- (12 1 2) /Transitions/Home/Nursing Home
- (12 2) /Transitions/Job
- (12 3) /Transitions/Death-Loss
- (12 4) /Transitions/Armed Services
- (12 5) /Transitions/Retirement
- (13) /Challenges
- (14) /"Aging in Place"
- (15) /Faith
- (15 1) /Faith/Religion
- (15 2) /Faith/Spirituality
- (16) /Preparation
- (17) /coping & worry
- (17 1) /coping & worry/worry
- (18) /Experiences
- (18 1) /Experiences/Adaptation
- (18 2) /Experiences/Acceptance





- (19) /Historic Events
- (20) /Definition of Aging
- (20 1) /Definition of Aging/Health
- (20 2) /Definition of Aging/Appearance
- (20 3) /Definition of Aging/Independence
- (20 4) /Definition of Aging/Attitude
- (21) /Memory Triggers
- (22) /Goals
- (23) /Pearls of Wisdom
- (D) //Document Annotations
- (F) Free Nodes - (*Areas of interest that I wasn't sure where to categorize*)
- (F 1) //Free Nodes/Hobbies
- (F 2) //Free Nodes/ambitions
- (F 3) //Free Nodes/memories
- (T) //Text Searches - (*Searches on words contained within the text of the transcript*)
- (T 1) //Text Searches/Nursing Home
- (T 2) //Text Searches/type of life
- (T 3) //Text Searches/worry
- (T 4) //Text Searches/Depression
- (T 5) //Text Searches/moves
- (T 6) //Text Searches/NH
- (I) Index Searches - (*Cross references of nodes*)
- (I 1) //Index Searches/sense and transition
- (I 2) //Index Searches/definition of aging
- (I 2 1) //Index Searches/definition of aging/aging overlap
- (I 3) //Index Searches/females "Aging in Place"
- (I 4) //Index Searches/males "Aging in Place"
- (I 5) //Index Searches/females feeling of home



- (I 6) //Index Searches/males feelings of home
- (I 7) //Index Searches/males - material home
- (I 8) //Index Searches/females - material home
- (I 9) //Index Searches/age vs. sense of home

Matrix Node - (*generating tables of information about text units and a categorization of responses*)

- (I 10) //Index Searches/Residence vs sense of home

Matrix Node.

- (I 11) //Index Searches/origin vs. sense of home

Matrix Node.

- (I 12) //Index Searches/function vs. transitions

Matrix Node.

- (I 13) //Index Searches/age vs. def. of aging

Matrix Node.

- (I 14) //Index Searches/gender v. def. of aging

Matrix Node.

- (I 15) //Index Searches/residence v. def. of aging

Matrix Node.

- (I 16) //Index Searches/Health v. def. of aging

Matrix Node.

- (I 17) //Index Searches/residence v. transitions

Matrix Node.

- (I 18) //Index Searches/age v. transitions

Matrix Node.

- (I 19) //Index Searches/challenge, transition, faith

//Node Clipboard - 'Index Search'



## APPENDIX F

## Participants' Demographic Data

## I. Comprehensive Data:

<b>Name</b>	<b>Gender</b>	<b>Age</b>	<b>Dwelling</b>	<b>Function</b>	<b>Health</b>	<b>Living Status</b>
<b>Henry</b>	male	70	house	ambulatory	good	spouse
<b>Penny</b>	female	68	house	ambulatory	good	spouse
<b>Jan</b>	female	68	house	ambulatory	good	spouse
<b>Ted</b>	male	71	house	ambulatory	good	spouse
<b>Deb</b>	female	64	house	ambulatory	excellent	alone
<b>Jerry</b>	male	78	house	ambulatory	good	alone
<b>Ralph</b>	male	74	house	ambulatory	good	alone
<b>Peg</b>	female	72	house	ambulatory	good	alone
<b>Daniel</b>	male	80	house	ambulatory	fair	alone
<b>Fred</b>	male	70	house	ambulatory	good	spouse
<b>Anne</b>	female	67	apartment	ambulatory	good	alone
<b>Hank</b>	male	83	apartment	ambulatory	good	spouse
<b>Beth</b>	female	70	Assisted Living	ambulatory	good	alone
<b>Ellen</b>	female	80	Assisted Living	semi-ambulatory	fair	alone
<b>Jack</b>	male	82	Assisted Living	semi-ambulatory	fair	alone
<b>Franny</b>	female	91	nursing home	non-ambulatory	poor	roommate
<b>Lori</b>	female	76	nursing home	non-ambulatory	poor	roommate





## APPENDIX G

Age vs. View of Aging  
NUD\*IST Data

The following charts (Appendix G, H, and I) illustrate the number of documents containing information for each category and the number of text units<sup>26</sup> of information per category.

## Number of Documents:

Age	Health	Appearance	Independence	Attitude
60s	2	1	1	2
70s	4	3	2	4
80s	4	0	2	3
90s	1	0	0	0

## Number of Text Units:

Age	Health	Appearance	Independence	Attitude
60s	57	8	22	57
70s	68	24	46	15
80s	229	0	30	104
90s	64	0	0	0

---

<sup>26</sup> A text unit in the NUD\*IST qualitative software is equivalent to one string of words from the dialogue that supports the “node” - the concept being searched.



APPENDIX G - *Continued*Gender vs. Views of Aging  
NUD\*IST Data

Number of Documents:

Gender	Health	Appearance	Independence	Attitude
Male	5	1	2	4
Female	6	3	3	5

Number of Text Units:

Gender	Health	Appearance	Independence	Attitude
Male	152	9	47	201
Female	266	23	51	95



APPENDIX G - *Continued*Health Status vs. Views of Aging  
NUD\*IST Data

Cross referencing the sub-views of *Views of Aging* (health, appearance, independence, attitude) with the sub-codes of *Health* (excellent, good, fair, poor) revealed that the higher the level of current health (good to excellent health), the higher the number of text units for *attitude*. For those with poor health, *attitude* had no text units. This does not mean that these people did not consider attitude as a way of defining or viewing aging, it merely indicates that they did not directly refer to attitude, by definition, in relation to aging in their interview (Text Unit Chart below).

## Number of Documents:

Health	Health	Appearance	Independence	Attitude
Excellent	1	1	1	1
Good	5	3	3	6
Fair	2	0	2	2
Poor	3	0	0	0

## Number of Text Units:

Health	Health	Appearance	Independence	Attitude
Excellent	56	17	34	119
Good	111	32	68	195
Fair	175	0	30	94
Poor	132	0	0	0



APPENDIX G - *Continued*Residence vs. Views of Aging  
NUD\*IST Data

Number of Documents:

Residence	Health	Appearance	Independence	Attitude
House	4	2	2	4
Apartment	2	0	1	2
Assisted Living	2	1	2	2
Nursing Home	2	0	0	0

Number of Text Units:

Residence	Health	Appearance	Independence	Attitude
House	148	29	47	217
Apartment	27	0	22	58
Assisted Living	155	3	29	21
Nursing Home	88	0	0	0





## APPENDIX H

Age vs. Sense of Home  
NUD\*IST Data

Number of Documents:

Age	Feelings	Material	Creating
60s	2	2	2
70s	5	3	2
80s	4	2	3
90s	1	0	0

Number of Text Units:

Age	Feelings	Material	Creating
60s	162	73	76
70s	222	72	36
80s	403	67	41
90s	96	0	0



APPENDIX H - *Continued*Sense of Home vs. Origin  
NUD\*IST Data

Number of Documents:

Origin	Feelings	Material	Creating
Native	6	2	4
Non-Native	6	5	3

Number of Text Units:

Origin	Feelings	Material	Creating
Native	372	67	124
Non-Native	511	145	29



APPENDIX H - *Continued*Residence vs. Sense of Home  
NUD\*IST Data

Number of Documents:

Residence	Feelings	Material	Creating
House	4	4	2
Apartment	2	2	2
Assisted Living	3	0	0
Nursing Home	2	0	1

Number of Text Units:

Residence	Feelings	Material	Creating
House	331	124	20
Apartment	201	88	76
Assisted Living	244	0	32
Nursing Home	107	0	25





## APPENDIX I

Function vs. Transitions  
NUD\*IST Data

An analysis of the text units revealed that 66% of the total text units for transitions were attributed to transitions from one home to another. This far outweighed transitions caused by death, loss, job change, armed services, or retirement. Since the focus of this study was about home, it was therefore congruent for the bulk of the data to represent issues associated with home. Twenty percent (20%) of the text units were attributed to transitions related to death and loss. Unexpectedly, death and loss did not create significant transitions from one home to another. People tended to remain in the same home until confronted by another event. It was the later event and not the death of a loved one that was mentioned as the reason for a transition. The changes or transitions that participants exhibited at the time of a death or significant loss were emotional or internal rather than physical or resulting in an external move from their home. This is illustrated in the following charts.



APPENDIX I - *Continued*Function vs. Transitions  
NUD\*IST Data

Number of Documents:

Function	Home	Job	Death-Loss	Armed Services	Retirement
Ambulatory	7	1	6	2	2
Semi-Ambulatory	2	1	2	0	0
Non-Ambulatory	2	1	2	0	0

Number of Text Units:

Function	Home	Job	Death-Loss	Armed Services	Retirement
Ambulatory	754	6	206	123	9
Semi-Ambulatory	156	53	71	0	0
Non-Ambulatory	141	12	48	0	0



APPENDIX I - *Continued*Age vs. Transitions  
NUD\*IST Data

Number of Documents:

Age	Home	Job	Death-Loss	Armed Services	Retirement
60s	1	0	1	0	1
70s	5	2	5	1	1
80s	4	1	3	1	1
90s	1	0	1	0	0

Number of Text Units:

Age	Home	Job	Death-Loss	Armed Services	Retirement
60s	108	0	24	0	4
70s	363	18	151	53	5
80s	546	53	113	70	0
90s	34	0	37	0	0



APPENDIX I - *Continued*Residence vs. Transitions  
NUD\*IST Data

Number of Documents:

Residence	Home	Job	Death-Loss	Armed Services	Retirement
House	4	1	3	1	1
Apartment	2	0	2	1	1
Assisted Living	3	1	3	0	0
Nursing Home	2	0	2	0	0

Number of Text Units:

Residence	Home	Job	Death-Loss	Armed Services	Retirement
House	445	6	102	53	5
Apartment	272	0	66	70	4
Assisted Living	193	53	109	0	0
Nursing Home	141	12	48	0	0





## APPENDIX J

## Curriculum Learning Tool for the Topic of “Aging in Place”

*“Aging in Place” Expedition Exercise:  
See Where You “Move” After This Experience!*

I. Description

This is an interactive and reflective model that is intended to be used during a unit on Housing for a psycho-social gerontology course. This Model includes utilization and application of transcripts that resulted from the interviews for this study, a series of worksheets for individual and class use, facilitation of a step-by-step process of individual work, which leads to small group and large group interaction. “Aging in Place” will be reflected on from at least three perspectives: students’, elders’, and gerontological theory. A fourth perspective could be the facilitator’s. The role of the facilitator is to orchestrate the discussion so the following foci of “Aging in Place” are addressed:

Suggested Foci of “Aging in Place” Lesson

- (1) Definition of “Aging in Place” - including comparisons between students, elders, and didactic definitions.
- (2) Theoretical and/or conceptual frameworks - ways to identify, describe, clarify, explain and ultimately understand to psycho-social dimensions of “Aging in Place”.
- (3) What “Aging in Place” means pragmatically, in a utilitarian sense - it is critical that there be procedures for making abstract concepts of “Aging in Place” relevant to observable situations and occurrences.
- (4) The inception of the concept and where is it going. A review of the beginning of “Aging in Place” and a deductive process of how this concept is progressing will assist in understanding the concept.
- (5) The importance of this concept for students and for elders - interpretation of how and in what ways the process of “Aging in Place” applies to elders and the providers who serve them.



(6) Some consensus and controversies of “Aging in Place” - the relationship of theory with practice.

(7) Evaluation of the lesson and process - determine the applicability, learning significance, or quality of this model.

(Appendix B contains an overview of “Aging in Place”.)

### Procedures

Through a series of reflexive exercises, students peruse a prepared interview transcript of an older participant in order to compare and contrast the outlined concepts of “Aging in Place” with each other and “with” the older person. The outcome will be increased understanding and applicability of “Aging in Place” from the theory, personal, and elder perspectives with the intent of improved service to elders.

- (1) The class is divided into small groups (three to four in each group).
- (2) Each group is given the transcript responses of an older person to read through and be thoughtful about.
- (3) With the aid of the “Aging in Place” Expedition Exercise sheets, students proceed through each concept contributing their own thoughts and experiences as well as noting the older person’s experiences and perspectives from the transcript.
- (4) Each representation from the older person’s transcript must be anchored in his/her native voice.
- (5) Once the “exercise” sheets are completed, small groups engage in discussion to formulate comparisons and contrasts between and among themselves and the older person.
- (6) At the completion of the small group exercise, the facilitator conducts a large group discussion including “Aging in Place” didactic information along with student participation and elder voice.
- (7) The outcome of the large group discussion should be designs, techniques, and/or implementation strategies for working with and serving the older population in those areas related to “Aging in Place”.



## **“Aging in Place” EXPEDITION EXERCISE**

See where you “move” after this experience!

### **Directions:**

1. Review the transcript of your older informant.
  2. Focus on one category (Expedition sheet) at a time. Be sure to review and adhere to the definitions at the bottom of each table.
  3. Fill in the information requested:
    - a. Name - the older informant's name and the names of those in the group
    - b. The requested informant information can be truncated by writing in the page number of the quotes you want to use to make your point. Make whatever notes you need to on the transcript or Expedition sheet to ensure you have captured the older informant's point of view.
- NOTE: If there is insufficient information in the transcript, list the questions you would need to ask this older person in order to attain the information needed to complete the exercise. Also, speculate on what the older informant's answer might be and anchor your speculation in what you consider to be related responses within the transcript.
- c. Reflect on your own answers and put in bullets of information that you can speak about during discussion.

4. Reflect on similarities and differences within the group and between the group and the older informant.

5. Reflect on similarities and differences of the “Aging in Place” Expedition Exercise with didactic learning of “Aging in Place”.

6. After small group discussion, all class participants will be facilitated through a large group discussion





### “Aging in Place” EXPEDITION EXERCISE

See where you “move” after this experience!

Title: Attributes and Background Information

Names	Residence	Gender	Age	Historic Events	Kind of Life
Older informant					
Group member 1					
Group member 2					
Group member 3					
Group member 4					

Definitions:

**Residence:** where they live - house, apartment, nursing home, boarding home, assisted living, etc.

**Gender:** Male or Female

**Age:** Chronological age

**Historic Events:** an event of events occurring in their lifetime has impacted their life in some way

**Kind of Life:** self definition of the life they experienced as they were growing up - good, hard, easy, etc.



## “Aging in Place” EXPEDITION EXERCISE

See where you “move” after this experience!

Title: Views of Aging

Names	Health	Appearance	Independence	Attitude
Older informant				
Group member 1				
Group member 2				
Group member 3				
Group member 4				

Definitions for Views of Aging: *Things the participants associated with old age, aging, or feeling older*

**Health:** *feeling old was identified with physical function*

**Appearance:** *aging was viewed in terms of physical image*

**Independence:** *old age was associated with constraints and reliance*

**Attitude:** *old age was based on perspective and outlooks*



**“Aging in Place” EXPEDITION EXERCISE**

See where you “move” after this experience!

Title: Sense of Home

Names	Feelings	Material Belongings	Creating Home
Older informant			
Group member 1			
Group member 2			
Group member 3			
Group member 4			

Definitions of Sense of Home: Things that the participants associated with “home.”

*Feelings:* speaking of home elicits an emotional or visceral response

*Material Belongings:* the participant connected “home” with furniture or something tangible rather than or in addition to a feeling

*Creating Home:* what a person does to begin a new home once they had to move or experienced loss.



**“Aging in Place” EXPEDITION EXERCISE**

See where you “move” after this experience!

Title: Challenges, Transitions, and Faith

Names	Challenges	Transitions	Religion	Spirituality
Older informant				
Group member 1				
Group member 2				
Group member 3				
Group member 4				

Definitions:

**Challenges:** moments or events in life that felt difficult and demanded action or attention.

**Transitions:** shifts or variations from one environment to another or a passage into a new phase of life.

**Faith:** the belief and creed of a person. (1) **religion** - organized/formal and related to church; and (2) **spirituality** - devotion and beliefs not associated with traditional forms of religion.





**“Aging in Place” EXPEDITION EXERCISE**

See where you “move” after this experience!

Title: Definitions of “Aging in Place”

Names	Defining or Reacting to “Aging in Place”	Other Notions about “Aging in Place”
Older informant		
Group member 1		
Group member 2		
Group member 3		
Group member 4		

Definitions:

*Thoughts or Reactions to “Aging in Place”:* a synopsis of the participants definitions or reactions to the phrase

*Other Notions about “Aging in Place”:* and other reactions, thoughts and/or stories that have been generated by talking about this concept.



## II. Suggested Goals and Objectives for an “Aging in Place” Lesson

Goal: To strive to make meaning of “Aging in Place” by developing a connection of life course events and gerontological theory with our own lives and with those who are aged, through examining elders’ responses regarding “Aging in Place” in relation to student knowing and didactic information.

Goal: To gain insight into qualitative research method.

### Objectives:

The following objectives were designed to meet the above stated goals:

- (1) To utilize elders’ and students’ voices to enhance the learning of this topic.
- (2) To identify and explore the characteristics of “Aging in Place” from a variety of perspectives.
- (3) To communicate through written discourse and verbal discussion, the attitudes, beliefs and facts of “Aging in Place”.
- (4) Compare and contrast elders “reality” of “Aging in Place” with students’ perspectives and didactic information.
- (5) Explore attitudes and behaviors about “Aging in Place” that may be based on age, function, health, current living status, and culture.
- (6) Provide students the opportunity to work with elders’ native voices to discover elders’ “truths,” and obtain meaning.
- (7) Explore and design techniques for working with and serving the older population through acquired knowledge of “Aging in Place”.

## III. Suggested Advanced Organizers for the Students

Prior to facilitating the “Aging in Place” Expedition Exercise, the following assignments are suggested to prepare students for a comprehensive learning experience.

- (1) Pre-Definition of “Aging in Place” - prior to reading information about “Aging



in Place” have the students reflect and theorize in writing about the concept of “Aging in Place”. This can be accomplished near the end of a previous class. The following may be used as a template. This exercise should only take 5 minutes.

**Concept: “Aging in Place”**

- a. When you hear the words “Aging in Place” what do you think of? What does it mean to you?
- b. What does place mean to you? (may need to break down aging and then place)

(2) Home Preparation - to begin establishing a relationship between older participants and students, have students reflect on and “jot” down some short answers to the following questionnaire: (This exercise provides an opportunity for students to begin thinking and feeling about their own aging, reflect on sense of home and what is important to them about their home, as well as assess their own adaptation ability. It will act as a reference point when working with the data from the older participants.)

**QUESTIONNAIRE**

**Concept: Transitions/Moving**

1. How many times have you moved?
2. What was good and not so good about moving for you?
3. What were some of the reasons for moving?

**Concept: Sense of Home**

1. Describe your home when you were growing up
2. What made it feel like home?
3. What is important to creating a home now?
4. What does home mean to you? How would you define it?
5. What needs to be present for a house to be a home?

**Concept: Adaptation - Ability to Adjust**

1. Describe a time in your life that you were particularly challenged





2. How did you cope when this happened?
3. What steps did you take? What strategies did you use?
4. Did you receive support during this time? Was it helpful? Why? Why not?
5. What is your greatest strength in coping with change? What is your “weakness”?

**Concept: Place in Aging**

1. How do you feel about aging?
2. What works and/or what is challenging about aging for you?
3. Have you reached old age yet? if yes, in what ways; If no, when do you think you will become old? why?

(3) Suggested readings - Tilson (1990), Callahan (1992), and/or Rowles (1994) - (see dissertation bibliographic references). Assign readings and ask the student to read this information after completing the Questionnaire.

**IV. Suggestions for Small Group Discussion**

At the completion of the Exercise, the following questions will guide student reflection on his/her own experience and formulate a comparison of elders’ experiences to their own.

- (1) What role did the elder person’s early years play in forming their adult life?
- (2) What is important to this person and why? Back it up by highlighting the quotes
- (3) Regarding what the older person says about sense of home, what can you identify with and what has little or no meaning to you.
- (4) How different or similar are your views and the older person’s views?
- (5) How similar or different were your views, the older person’s views with the didactic views you acquired in your reading assignment?
- (6) What suggestions or changes can you offer to enhance this exercise?

**Note:** The “Aging in Place” Expedition model proposed above is one method of including elders’ voices in gerontology curriculum design.



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